

# Application to Reserve Community Meeting Space



**Library Hours:** Monday to Friday 9 AM – 6 PM  
Saturday 10 AM – 5 PM

## Contact Information

Applicant/Contact Name	
Group being represented	
Mailing Address	
Day Phone	
Evening Phone	
E-Mail Address	
Library Card number	
Describe activity	
Est. number of attendees	

**Space Requested (please circle):** Copeland Room Hatfield Room Maxwell Park/Stage

**Date Requested:**

**Time Requested –** be sure to include set up and take down time

**Available: Monday– Friday 9:30 AM – 5:30 PM / Saturday 10:30 AM – 4:30PM**

\_\_\_\_\_ START TIME \_\_\_\_\_ END TIME

## Please read and initial the following statements:

\_\_\_\_\_ The meeting room will be used only for the activities and time approved on this form.

\_\_\_\_\_ I am responsible for leaving the room in the same condition that I found it.

\_\_\_\_\_ I am responsible for any necessary cleaning of messes and/or repair of damages that result from my group's use of the room, including the removal of trash.

\_\_\_\_\_ The use of this room will not extend beyond library open hours, **ALL PROGRAMS MUST END AND BE READY TO BE CLEARED BY LIBRARY STAFF NO LATER THAN ONE HALF HOUR PRIOR TO LIBRARY CLOSING.**

\_\_\_\_\_ No tape or push pins can be used on walls. No open flame allowed.

\_\_\_\_\_ No outdoor signs allowed.

\_\_\_\_\_ I have read, understood and agree to comply with the room rules set forth by the Tillamook County Library Board as provided to me. I further agree that I am personally responsible for the repair of damage to equipment and facilities and for the replacement of any missing equipment or furnishings that may occur during my group's occupation of the room.

\_\_\_\_\_ I agree that Tillamook County Library will not be held liable for injuries to person or property that result from the activities described above.

\_\_\_\_\_ I understand that community meeting space uses are open to then public unless specifically approved for private use.

**LIBRARY STAFF  
WHO REC'D  
FORM:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

Signature	
Date	

**Staff Signature:**

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

Explanation: \_\_\_\_\_

All completed and signed applications must be returned to:

**COMMUNITY ROOMS**

**TILLAMOOK COUNTY LIBRARY**

**1716 3<sup>RD</sup> ST**

**TILLAMOOK, OR 97141**

