

Richland Public Library
MEETING ROOM AND AV EQUIPMENT APPLICATION FORM

Date: _____

Name of Organization: _____

Type of Event: _____

Name of Responsible Person (over 18): _____

Address: _____

Phone and E-Mail: _____

Day and Date of Event: _____

Start Time (include set-up): _____ End Time (include clean-up): _____

Approximate Number of People: _____

Room Deposit (\$100) Received: Date: _____ Cash _____ Check # _____

Date Key Issued (Initial): _____ Date Key Returned (\$5 per day late fee) _____

Room Inspected: Date _____ Time _____

Audio-Visual Equipment: Projector _____ DVD Player _____ Speakers _____

Equipment Deposit (\$100) Received: Date: _____ Cash _____ Check# _____

Deposit Returned: Date _____ Initial: _____

If Deposit Not Returned, Why: _____

I have read the Meeting Room Policy and agree to abide by it.
If borrowing Audio-Visual Equipment, I will be responsible for returning it in the same condition it was loaned out in good working order.

Signature _____ Date _____

If you would like to give a donation for use of the room, it would be most welcome.

Adopted March 2013, Amended April 2014, Amended October 2019; Amended August 2022.