

**OAKMONT CARNEGIE LIBRARY
APPLICATION FOR MEETING ROOM USE**

Applicant must comply with the Oakmont Carnegie Library Community Policy 4001 Meeting Room Use. Please complete this form and return it to the library along with a refundable deposit of \$50 at least 30 days in advance of the proposed meeting date.

Meeting day: _____ Meeting Date: _____

Meeting time From _____ until _____

Room requested: Oak Red Oak White Oak Quiet Study Room

Name of Organization/Person: _____

Contact Person: _____

Street Address: _____

City: _____ -State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

Website address (if applicable): _____

Contact Person's Signature _____

Please indicate any needs you may have for your event on the lines below:

| | | Library Use Only | | |
|---------------------|---------------|-------------------------|---------------------|---------------|
| Deposit Received By | Date Received | Date Approved | Deposit Refunded by | Date Refunded |
| | | | | |

Approved by Library Director _____

Date of Approval _____ Non-profit _____ For profit _____