

Pulaski County Library System  
60 West Third Street  
Pulaski, VA 24301  
540.980.7770

**Request for Use of the Meeting Room**

Pulaski County Library \_\_\_\_\_ OR Free Memorial Library \_\_\_\_\_

Organization \_\_\_\_\_

Requested by \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Date(s) room desired \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Expected attendance \_\_\_\_\_

Equipment requested \_\_\_\_\_

Is equipment instruction needed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date \_\_\_\_\_ time \_\_\_\_\_

All users shall be responsible for the care of the meeting room and shall indemnify the county for damages resulting from use of the meeting room.

All keys issued shall be returned by the following workday. Failure to return keys promptly may jeopardize further use of the meeting room

Cleanup and replacement of any damaged equipment, materials, furnishings, windows, and doors shall be the full responsibility of the user of the meeting room. Failure to make necessary repairs or cleanup of the area used may restrict or prohibit further use of the room.

The undersigned individual is the authorized representative of the organization listed above and is totally responsible for security of all areas used by the group and security of all exterior doors, as well as turning off lights and insuring that all unauthorized individuals are not admitted and do not gain access to the structure.

I am the authorized representative of the organization listed above. I have read and agree to comply with the regulations and procedures detailed in the Meeting Room Rules and Regulations. I understand that, as the group's representative, I will be held responsible to the Library Board of Trustees for cleanup and damages.

Signature \_\_\_\_\_ Contract Date \_\_\_\_\_

Adopted: September 29, 2009