

LOWVILLE FREE LIBRARY  
REQUEST FOR COMMUNITY ROOM USE

Before completing this request form, please review the attached page of guidelines for USE OF THE COMMUNITY ROOMS:

Date of Request: \_\_\_\_\_ Room(s) Requested: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Date requested for use: \_\_\_\_\_

\*Beginning and ending time: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact Phone/E-mail address: \_\_\_\_\_

Person in charge of meeting: \_\_\_\_\_

Number of people in the group: \_\_\_\_\_

Specific purpose of the meeting: \_\_\_\_\_

\_\_\_\_\_  
Library Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*May be used only during regular library hours.

PLEASE NOTE: The Lowville Free Library requests a twenty-four (24) hour notice of cancellation if you are not going to use your reservation

Revised May 2011