

## Marion County Library System

### Application for Use of Meeting Room

Today's Date:

#### Contact information

Organization name	
Contact name (authorized agent)	Age
Organizational title of contact	
Address	
Daytime phone:	Evening phone:

#### Meeting information

Date of meeting	Time of meeting
Estimated attendance	
Speaker name (if applicable)	
Purpose of meeting	

Security deposit received? (Mullins after-hours only)

*I have read and agree to the policy governing the use of the meeting room. I agree to be responsible for all fees incurred, for any damage or loss to the premises or contents by any member of this organization.*

Signature
Date

OFFICE USE ONLY
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