

ATTACHMENT B

[Before filling out this application, please read the attached policy and regulations.]

LAKE COUNTY LIBRARY SYSTEM  
APPLICATION FOR USE OF BRANCH LIBRARY MEETING ROOMS

Today's Date: \_\_\_\_\_  
Name of Group/Organization: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Your Address:: \_\_\_\_\_  
Phone: (Home): \_\_\_\_\_ (Business): \_\_\_\_\_  
If not available, who do we contact? \_\_\_\_\_  
Phone: (Home): \_\_\_\_\_ (Business): \_\_\_\_\_  
Are you requesting one time usage? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If No, how often would you like to use room? Weekly  Bi-Weekly  Monthly  Other   
Starting Date: \_\_\_\_\_ Frequency (ex. Every Wed.) \_\_\_\_\_  
Time: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Attendance: \_\_\_\_\_  
Requested set-up (chairs, tables, equipment): \_\_\_\_\_

The applicant agrees to leave the library facilities in a clean and orderly condition at the end of the activity and to pay the cost for repair of any damages to the facilities. The Lake County Library System and its Branch Libraries will not be responsible for any materials or equipment left in the building. NOTE: Approved applications expire one (1) year from date of submittal.

I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE ATTACHED POLICIES AND REGULATIONS.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_ Date Received \_\_\_\_\_ Branch Manager or Designee \_\_\_\_\_  
 AST  CML  CIT  FRO  LC  AI