

Lyons Public Library Meeting Room Application

Date of Application: _____ Date Room Requested: _____

Time required: From _____ to _____

Name of Group or Organization: _____

Individual Responsible: _____

Mailing Address of Individual: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email of Individual: _____

Description of Meeting Room Use: _____

_____ Number of Persons: _____

Will the group want to use the kitchen facilities to cook/make coffee/serve refreshments? (Please be specific.)

Will the group want to use any library audiovisual equipment? Yes _____ No _____

If yes, what equipment? _____

Designated Clean Up Person: This person will be called if the room is not clean after use.

Name _____ Phone _____

I hereby affirm that I have read and agreed to the rules outlined in the Lyons Public Library Meeting Room policy, of which I have received a copy. I accept responsibility for damage or loss of library equipment and furnishings.

Signature: _____ Title: _____

Date: _____

Return form to (Revised 12/17/2019):

Lyons Public Library

122 Broad Street, Lyons, New York 14489

Phone: (315) 946-9262, Fax: (315) 946-3320, email: lyonslibrarydirector@owwl.org