

POLK CITY COMMUNITY LIBRARY MEETING ROOM APPLICATION AND AGREEMENT

The undersigned applicant hereby requests to reserve the Polk City Community Library Meeting Room, 1500 W. Broadway, Polk City, Iowa.

This application, if approved by the Library Director, shall become a binding agreement for applicant's use of the Polk City Community Library Meeting Room, and applicant shall be bound by all of the terms and conditions for use, as set forth hereinafter. The Library, represented by the Director, reserves the right, in the exercise of its sole discretion, to deny an application for use of the Polk City Community Library Meeting Room.

This application must be accompanied by a \$50.00 damage deposit, payable by check postdated to the day of use. If this application is denied, the damage deposit will be returned to the applicant upon denial. If this application is approved, the damage deposit will be returned to the applicant after room usage so long as no damage has occurred and all other provisions of the agreement have been complied with. The damage deposit is in addition to all other rental fees, where applicable.

APPLICANT'S

NAME _____

ADDRESS _____

TELEPHONE: HOME _____ WORK _____

If applicant is under 21 years of age:

ADULT CO-SIGNER'S NAME _____

ADDRESS _____

TELEPHONE: HOME _____ WORK _____

If applicant is not an individual:

NAME OF CONTACT PERSON _____ TITLE _____

ADDRESS _____

TELEPHONE: HOME _____ WORK _____

DATE ROOM REQUESTED _____ TIME ROOM REQUESTED _____

TYPE OF EVENT _____

WHAT TYPE OF CRAFT ACTIVITY, IF ANY, IS PLANNED? _____

NUMBER OF ATTENDEES EXPECTED _____

WILL ADMISSION BE CHARGED? _____ ANY ATTENDEES UNDER AGE 21? _____

