



Leominster Public Library
30 West Street
Leominster, Ma 01453

978-534-7522
leominsterlibrary.org

MEETING ROOM USE APPROVAL FORM

Personal Name of Applicant _____

Applicant Phone _____ Alternate Phone _____

Applicant Address _____
(must be Leominster resident)

Applicant Library Card Number (CWMARS) _____

Email _____ Relationship to Organization _____

Organization Represented _____

Organization Mailing Address _____

Applicant group/organization is:
Non-Profit _____ Municipal _____ Other (define) _____

Purpose of organization _____

The applicant completing and signing this form acknowledges reading the *Regulations for Meeting Room Use* and assumes full responsibility for any damages to library property incurred during the meeting or in conjunction with the meeting. The applicant is responsible to cover the cost of cleaning or repair for any damages that occur during use of a library meeting room.

Signature: _____ Date: _____

Please complete and return form to:

*Meeting Room Use
Leominster Public Library
30 West Street
Leominster, MA 01453*

Once your application has been received and approved by the library administration, you may then schedule meeting room space by submitting a Meeting Room Reservation Form for each date that you wish to use a Meeting Room. Your Meeting Room Approval Form is valid for one year and will be kept on file at the library.