6. Erving Public Library Application for Room Use

I am requesting to use space in the Erving Public Library, 2 Care Drive, Erving, MA

Name:	Erving Resident/Staff: ❑ Yes ❑ No
Address:	Date Submitted:

Phone:	Email:

Check box for the room you are reserving: ❑ **Community Room** ❑ **Business Center** ❑ **Collaboration Room**	Is the entity: ❑ For Profit ❑ Non-profit	Are you charging a fee to participants: ❑ Yes ❑ No

Event Date:	Event Time:

Do you need setup or breakdown time? If yes, please specify:

Other notes about your request:

I have read and understand the:
❑ Meeting Room Policy (1)
❑ Applicant Responsibility Checklist (2)
❑ Fee schedule (4)
Print: _____ Sign: _____ Date: ___/___/____

FOR STAFF USE:

❑ Approved by the Director	Approval Date: ___/___/____	Initials: _____

Room Use Fee: ❑ No Fee ❑ $25.00 ❑ Sliding scale $5-$50 _____ ❑ Fee received	**Cleaning Fee:** ❑ No Fee ❑ $25.00 ❑ Fee received ❑ Room cleaned ❑ Fee refunded	**Swipe card:** ❑ Not issued ❑ Issued. Return by Date: ___/___/_____ ❑ Deposit of $25 required ❑ Card deposit received ❑ Card returned ❑ Deposit refunded