



RICHWOOD – NORTH UNION PUBLIC LIBRARY
4 E. OTTAWA ST., RICHWOOD, OHIO 43344
(740) 943—3054

Meeting Room Reservation Application & Agreement

Event Details

Date of Reservation: _____
(MM/DD/YY)

Time of Reservation (include time for setup and cleaning): _____ to _____
(Start time) (End time)

Title of Event or Meeting: _____

Reservation Type: Individual: Community Group: Nonprofit: Commercial:

Purpose of Meeting: _____

Expected Attendance: _____ Is this a recurring reservation? No: Yes:

If yes, how often? Weekly: Bi-Monthly: Monthly: Quarterly: Yearly:

If applicable, please list additional dates and times of proposed recurring reservations for the next six months in the space below. This form can be used to make reservations up to six months in advance.

Responsible Parties

Name (please print): _____

Organization (if applicable): _____

Street Address: _____ Phone: _____

_____ Email: _____



Agreement

The undersigned applicant, hereby agrees to be responsible for any and all damages to the facilities resulting from this use, and agrees to take responsibility of all the conduct of all persons attending this function. The applicant also agrees to indemnify the Richwood-North Union Public Library and their respective, officers, agents, employees, from and against all bodily and personal injury, loss, claims or damage to any person or property arising in any way from the use or occupancy of the facilities herein contracted by the applicant, its employees, agents, licensees, contractors, invitees. The undersigned has read through the Meeting Room Policy and agrees to comply with the rules and regulations listed therein.

Applicant's Name * _____

Applicant's Signature _____ Date _____

Richwood-North Union Public Library Representative _____

RNUPL Representative's Signature _____ Date _____

***Please note, only the applicant may claim any deposits remaining after use of the meeting room and any unclaimed deposits left longer than 30 days after use will be considered a donation to the library and processed accordingly.**



Deposits and Keys

Staff Use Only

Date of Deposit: _____ Form of Deposit: Check: Money Order: _____
(staff initials)

Key Number: _____ Date of Key Return: _____

List of Damages and Fees Deducted from Deposit: _____

To be completed after the meeting room rental upon the return of the deposit

Date of Deposit Return: _____ Amount of Return: _____

Richwood-North Union Public Library Representative _____

RNUPL Representative's Signature _____ Date _____

The undersigned, hereby acknowledges receipt of the remainder of the deposit less any damages or fees deducted from the total and accepts responsibility for these charges as assessed by the library.

Responsible Party's Name (please print): _____

Responsible Party's Signature: _____ Date _____