

**TUSCARAWAS COUNTY PUBLIC LIBRARY SYSTEM
MEETING ROOM USE FORM**

*The use of library meeting rooms is free, but donations will be accepted
to assist in the cost of maintaining meeting room facilities.*

Name of Organization/Group _____

Contact Name _____

Address _____

City _____

Phone Number _____ Email _____

Meeting Date _____ Meeting Time _____

Briefly describe your meeting/event:

I am at least 18 years of age and have read the Tuscarawas County Public Library System Meeting Room Policy and agree to abide by its provisions.

Signature

Date

TO BE COMPLETED FOLLOWING THE MEETING BY LIBRARY STAFF

Attendance at Meeting _____

Concerns/Comments:

Staff Initials _____