

Pecatonica Public Library District

Meeting Room Application

Date: _____

Responsible party is a - group - individual - organization
(Circle one) and is not for profit or for profit.

Purpose of the event: _____

Date of the event: _____

Expected begin time: _____ end time: _____

Ongoing meetings will require annual renewal and review.

Special needs or requests: _____

Application has been approved: _____ denied: _____ Deposit ___Y ___N

Required Deposit Amount: _____ Pd By: _____ On: _____

I have received and understand the meeting room policy/regulations.

Name of responsible individual Date

Cell Phone Home Phone

Pecatonica Public Library Director Date