LIBRARY USE RESERVATION FORM

Date Submitted: ____________________

Library Name/Location: ________________________________________________________________

Requested by: □ Government/Educational Organization □ Nonprofit □ Individual □ For-profit

Applicant Name (contact name): __________________________________________________________

Library Card Number: _________________________________________________________________

Organization Name: __________________________________________________________________

Address: ___________________________________________________________________________

Phone: _______________________________ Email: __________________________________________

Date and Time Requested: ______________________________________________________________

Title of Program/Event: _________________________________________________________________

Description of Program/Event (attachments): ______________________________________________

____________________________________________________________________________________

□ Applicant acknowledges that this program/event will be free and no charges/fees will be solicited or
   collected from library patrons during the program/event.

Please visit our website for complete room use guidelines: www.mdpls.org/services/reserve.asp

□ Approved: ____________________________/________________________________________ Date: ______________
   Print Name/Signature

Room Location (eg. Westchester Regional, First Floor Auditorium): ________________________________

Program/Event has been added to Communico: □ Yes □ No

Set-up needs (eg. AV Equipment): __________________________________________________________

□ Disapproved: ____________________________/________________________________________ Date: ______________
   Print Name/Signature

□ Requesting Multiple Locations (list other locations): _________________________________________

MDPLS USE ONLY

FO-1067 8/20