

Troy-Miami County Public Library
Application for Meeting Room Use

*Organization: _____

*Address: _____ *City: _____ *Zip: _____

*Phone: _____

*Estimated Attendance: _____

*Person Reserving Room: _____

*Your Library Card Number: _____

*Your Position with the Organization _____

*Phone: _____ Email: _____

*Purpose of Meeting: _____

* Location: Troy Library Meeting Room Troy Library Study Room
 MakerLab Meeting Room MakerLab Study Room Pleasant Hill Meeting Room

*Day(s) & Date(s) & Times requested (request up to six):
Example: Day Monday Date: Oct. 30, 2022 Time: 4-6 p.m.

<u>Day:</u>	<u>Date:</u>	<u>Time:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*By submitting this application I acknowledge that I have read and agree to the Meeting Room Use Policy.

*Signature: _____ *Date: _____

Completion of this application does not guarantee meeting room space will be available.

*REQUIRED INFORMATION

Library Use Only:

Approved Y N by: _____ Date: _____