



# FULTON COUNTY LIBRARY SYSTEM

## Meeting Room Application



### General Information

Name of Group/Doing Business As: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Library Card Number: \_\_\_\_\_

### Meeting Room Location

Library Location: \_\_\_\_\_ Room: \_\_\_\_\_

### Request Information

DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____

Purpose of Meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Request for Tables and Chairs (Only at the Central Library)

<input type="checkbox"/> 6 ft. square table	Quantity: _____
<input type="checkbox"/> Round Table (for Library sponsored events only)	Quantity: _____
<input type="checkbox"/> Chairs	Quantity: _____

- **Meeting Room Applications must be received at least two (2) weeks prior to the event.**
- Learn more about the Meeting Room policy at [www.fulcolibrary.org/meeting-rooms](http://www.fulcolibrary.org/meeting-rooms)
- Read the Fulton County Library Code of Conduct at [www.fulcolibrary.org/code-of-conduct](http://www.fulcolibrary.org/code-of-conduct)
- The contact information above may be given to any person inquiring about this meeting.
- I have read the regulations governing use of the [meeting rooms](#) and the library system's [Code of Conduct](#) and agree to abide by the conditions set forth. I understand and agree that fees for damage to the facility will be assessed to my library card record. I also understand that permission to use a library meeting room does not imply endorsement of the aims, policies, or activities of any group or organization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed/Approved by: \_\_\_\_\_  APPROVED  DENIED

NOTES: \_\_\_\_\_

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