



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: _____ **Estimated # of guest:** _____

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

6 ft. square tables	Quantity: _____
6 ft. round tables	Quantity: _____
highboy tables	Quantity: _____
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
- Read the Fulton County Library Code of Conduct at 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.
- **No Food or beverages allowed in meeting rooms or lounge areas. Food and beverages are allowed in designated areas or by special request.**

Signature: _____ **Date:** _____

Date Reviewed: _____ Reviewed/Approved by: _____ APPROVED DENIED

NOTES: _____
