

FULTON COUNTY LIBRARY SYSTEM

Meeting Room Application



General Information

Full Name: _____

Name of Group/Business: _____

Web Address (Businesses Only): _____

Email: _____

Phone: _____

Library Card Number: _____

Meeting Room Specifications

Library Location: _____

Estimated # of guests: _____

DATE: _____ TIME FROM: _____ TO: _____

DATE: _____ TIME FROM: _____ TO: _____

DATE: _____ TIME FROM: _____ TO: _____

*For a list of our operating hours, visit fulcolibrary.org/locations

Purpose of Meeting: _____

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

<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
- 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](http://www.fulcolibrary.org/meeting-rooms) and the library system's [Code of Conduct](http://www.fulcolibrary.org/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.
- **Food or beverages are prohibited in meeting rooms and lounge areas unless permission has been granted in these designated areas by special request.**

Signature: _____

Date: _____

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

NOTES: _____
