

**Town of Granby  
 Department of Library Services  
 860.844.5275  
 Meeting Room Use Request  
 Fax: 860.653.0241**

Name of applicant (and organization/group):

Address:

Phone:

Room is needed:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time \_\_\_\_\_

How many people will be using the room? \_\_\_\_\_

Needed one time only? \_\_\_\_\_

Needed for recurring use? \_\_\_\_\_ Dates needed \_\_\_\_\_

**Room requested:**

\_\_\_\_ Small Study Room (4 people)

\_\_\_\_ Fox Meeting Room (20 people)

\_\_\_\_ Children's Program Room (28 people)

**The Children's Program Room must be reserved in advance and may be used only upon consultation with the Children's Librarian and/or the Director of Library Services.**

**THE APPLICANT AGREES TO FOLLOW THE GUIDELINES ESTABLISHED BY THE TOWN OF GRANBY AND LIBRARY MEETING ROOM RULES**

**HOLD HARMLESS AGREEMENT:** User agrees that it will indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, cost, damage, expense and liability whatsoever kind or nature resulting directly or indirectly from the nature of use covered by this contract which results in bodily injury including death, personal injury or damage to property.

Name \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Applicant & Date**

**Return this completed form to the main check-out desk at Granby Public Library.**

**For staff use:**

\_\_\_\_ **Room Use Confirmed**

\_\_\_\_ **Room Use Denied**

\_\_\_\_ **Information on Calendar**

\_\_\_\_ **Copy of Policy Given to Applicant**

**Date** \_\_\_\_\_ **Staff initials** \_\_\_\_\_

**Rev. 04/2019**