

**NORTHVILLE DISTRICT LIBRARY
REQUEST FOR MEETING ROOM**

Total Fee \$ _____

Organization _____

Program Title _____ For profit or business Yes No

Sponsor _____
(Please Print – Name of Responsible District Resident, Business, or Organization)

Day Phone _____ Evening Phone _____

Fax Number _____ E-Mail Address _____

Address _____ City _____ Zip _____

Date and Time Requested

Room Requested

Day & Date _____	Meeting Room A _____ (capacity 25)
Set-up Time begins _____	Meeting Room B _____ (capacity 50)
Clean up Time ends _____	Meeting Room A & B _____ (capacity 75)
Total Hours _____	Number of people expected _____

Room Use Fees

Half Day

Full Day

Up to 4 hours

More than 4 hours

Meeting Room A (capacity 25)	\$25.00	\$ 50.00
Meeting Room B (capacity 50)	\$50.00	\$100.00
Meeting Room A & B (capacity 75)	\$75.00	\$150.00

Fees, payable to the Northville District Library, are due on the day of the meeting.

TOTAL ROOM USE FEES DUE \$ _____

Table, chairs, and projection screens are included with the Meeting Room

The following Equipment is available but must be requested when the room is booked:

Microphone, Projector (for your own computer) DVD/Blu-Ray

Note: I have read the accompanying Meeting Room Policy as well as this application form and agree, as a condition of and in partial consideration for the use of the meeting facilities, that my organization will leave the room and equipment in the same condition it was prior to our meeting; be responsible for any damage to the facility or damage/loss to any Library equipment; and release/hold harmless the Northville District Library from any and all claims for personal injury or property damage.

Signed by: _____

Title _____ Date _____

Please return completed request form to: The Northville District Library
212 West Cady Street
Northville, MI 48167-1560
Phone 248-349-3020 Fax 248-349-8250

Staff Initials
