

**AMITYVILLE PUBLIC LIBRARY  
COMMUNITY ROOM USE  
APPLICATION**

Form may be submitted at least one week but no more than three months in advance of intended use.  
Library Services, programs and activities shall have priority over other activities.

**PLEASE PRINT** \_\_\_\_\_ **DATE SUBMITTED** \_\_\_\_\_

**NAME OF ORGANIZATION** \_\_\_\_\_

**DATE(S) REQUESTED** \_\_\_\_\_ **HOURS** \_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_ **to** \_\_\_\_\_

\_\_\_\_\_ **to** \_\_\_\_\_

**PURPOSE OF MEETING** \_\_\_\_\_

\_\_\_\_\_

**KITCHEN PRIVILEGES REQUESTED:** Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICATION FOR USE OF EQUIPMENT ATTACHED:** Yes \_\_\_\_\_ No \_\_\_\_\_

**ESTIMATED ATTENDANCE** \_\_\_\_\_ *(Room accommodates 100)*

\*\*\*\*\*

**NAME OF INDIVIDUAL FILING APPLICATION** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

I agree to adhere to the Amityville Public Library Policy for Use of Community Room and any other published rules and regulations for said use. I accept full financial responsibility for myself and my organization for any damage done to the Library, its furniture, and/or equipment. Please, report cancellations to 264-0567.

**SIGNATURE** \_\_\_\_\_

\*\*\*\*\*

Office Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_