

**PORTSMOUTH PUBLIC LIBRARY
MEETING ROOM APPLICATION**

Please complete the following application and return it to the library during business hours. Completion of this application is not a guarantee that the facility use will be granted. **Please read Meeting Room Policies and Guidelines.**

Name of Group or Organization: _____

Responsible Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Note: The following numbers will be given to persons inquiring about this meeting.*

Home Phone: () _____ Work Phone: () _____

Date and Day of the week for meeting: _____

Time of Meeting (Please include set-up and clean-up in estimated time)

From: _____ To: _____

Anticipated Attendance: _____

EQUIPMENT NEEDED

Tables Chairs Overhead Projector Projector Screen Podium Smart Board Kitchen

I, hereby certify that all the information contained on this application is accurate and that I, the undersigned am authorized to act on behalf of the above named group/organization. I have read and understand the policy, rules and regulations governing the use of the Library's meeting room and the above named group/organization will abide by the conditions set forth.

Authorized Representatives Signature: _____

Date: _____