

**WILLOUGHBY-EASTLAKE PUBLIC LIBRARY
APPLICATION FOR USE OF MEETING ROOMS**

Please reserve a meeting room for:

Name of Organization _____

Organization Representative _____

Please Print - First Name Last Name

Address

Telephone - Day

City State Zip Code

Telephone - Night

Purpose of meeting: _____

Date(s) of meeting: _____

Month Day Year

Start time: _____ **AM/PM** **End time:** _____ **AM/PM**

Expected attendance: _____

Meeting room requested:

Eastlake Library
36706 Lake Shore Blvd.
Eastlake, OH 44095

Willoughby Library
30 Public Square
Willoughby, OH 44094

Willowick Library
263 East 305 Street
Willowick, OH 44095

I certify that the information I have provided in this application is complete and true, to the best of my knowledge. I accept responsibility for the use of the meeting room according to the Library Policy which I have received.

Signature _____ **Date** _____

Approved Denied Confirmation mailed/telephoned _____
Date Initials

Librarian's signature _____

Approved 8/96