

**EAST PROVIDENCE PUBLIC LIBRARY
APPLICATION FOR USE OF MEETING ROOM**

Date of Application: _____

In the name of the (organization) _____

I am applying for use of the Program Room at the Riverside Branch of the East Providence Public Library. I agree to comply with the Library's *Meeting Room Use Policy* and to accept responsibility for any extraordinary expenses.

Date of meeting: _____

Meeting time: _____ to _____

Probable Attendance: _____

Any special room requirements, such as number of tables, chairs and set-up design:

Responsible host or hostess: _____

Address: _____

Phone Number: _____

Name of Person filing application: _____

Phone Number: _____ Signature: _____

****PLEASE RETURN APPLICATION TO EP LIBRARY, ADDRESS BELOW****

Notice must be given for room cancellations. If your organization is a "No Show", the rest of your meetings will be canceled by the Library.

475 Bullocks Pt Ave, East Providence, RI 02915

Office use only:

APPROVED: _____ NOT APPROVED: _____

STAFF SIGNATURE: _____ DATE ENTERED ON CALENDAR: _____

LIBRARY DIRECTOR: _____