## **Application for Room Rental**

Name of Person/Organization:	
Contact Person(s):	
Address:	Zip:
Telephone Number of Contact Person:	
Email:	
Date of Rental: Tin	
Number of Attendees:	
This room will be used for:	
For-profit Non-profit	Personal/Individual
Room Requested:	
Upper Level (Capacity 50 People)	
Lower Level (Capacity 20-25 People)	
Special Requirements:	
:	
*Any notices or advertising about an event for which a refollowing statement:	oom at library is reserved must include the
THIS EVENT IS NOT SPONSORED OR ENDORSED	BY THE ANGIE W. COX PUBLIC LIBRARY.
I have received, read and agree to abide by the policies of regarding key and room rentals. I understand that any no information or failure to abide by the policies established rooms and may result in additional fees and/or a loss or	nisrepresentation of the above-mentioned ed will be cause for denial of further use of all
XApplicant's Signature	Date

## STAFF USE ONLY

- Applicant received copies of policies.
- o Rental deposit/fee received prior to room use.
- o Rental key card was checked out to applicant and recorded in rental log.

X	Date
Staff signature	

## AFTER USE ROOM RENTAL CHECKLIST

- Furniture has been reset to the original arrangement.
- o The kitchen is clean.
- o All surfaces are clean.
- There is nothing on the carpet of the room(s) or hallway(s) leading to bathroom(s) and/or exits.
- Bathroom is in the same condition as prior to use.
- Nothing is missing from the room.
- O Trash has been taken out. (Trash is to be removed and taken out of the building by applicant/user.)
- All decorations have been removed.
- O Surrounding area(s) were checked, and there were no signs of tampering.

Inspected by: _	Date	);
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Angie W. Cox Public Library 119 N Main Street, P.O. Box 370 Pardeeville, WI 53954-0370 (608) 429-2354