

Lago Vista Public Library  
Meeting Room Reservation Application

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person for Organization: \_\_\_\_\_

Address of Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Meeting Time (includes setup & cleanup): From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Approximate Number of Attendees: \_\_\_\_\_

Equipment Needs or Special Instructions: \_\_\_\_\_

I have read the policy for use of the meeting room and agree to be responsible for adhering to all rules and regulations and informing members of my group. I agree to be financially responsible for any cleaning or repair costs the City incurs after the use of the meeting room.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Confirmed by Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

**After-Event Clean-up Checklist:**

Approve

Disapprove

- \_\_\_ Tables & chairs free of debris and food, wiped down, if necessary
- \_\_\_ Return all tables & chairs to original location (stacked appropriately on carts)
- \_\_\_ Floor free of spills, debris and food
- \_\_\_ All media equipment returned to original location
- \_\_\_ All personal items removed
- \_\_\_ All trash taken outside to trashcan

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

Staff Initials: \_\_\_\_\_

Group Contact Person Signature: \_\_\_\_\_