

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: _____