

REQUEST FOR THE USE OF THE BRANDON LIBRARY MEETING ROOM

The undersigned hereby requests use of the Brandon Library Meeting Room. The undersigned understands and agrees that the use of the Library Meeting Room is subject to the rules contained in the POLICY OF THE CITY OF BRANDON, MISSISSIPPI, ON USE OF THE LIBRARY MEETING ROOM attached hereto and agrees to be responsible for compliance of all persons in attendance with these rules. The undersigned agrees to be responsible for any and all damages which may occur to the Library Meeting Room as a result of the use of the Library Meeting Room by the individual, organization or non-profit group named in this request and does hereby release and agree to indemnify and hold harmless the City of Brandon, Mississippi and any of their officers, agents, servants, employees and insurers harmless from any and all damages to persons or property occurring during or as a result of the use of the Library Meeting Room by the individual, organization or non-profit group named in this application.

Individual, organization group name: _____

Describe function to be held: _____

Do you live with in the City Limits of Brandon? _____ Yes _____ No

Room Requested: Conference Room 1 (1786 Sq. Ft.) _____

Conference Room 2 (682 Sq. Ft.) (No Food or Beverage Allowed) _____

If Room 1 is requested, will any type of food or beverage be served? _____ Yes _____ No (If Yes, deposit will apply)

Will dishes be needed? _____ Yes _____ No Number of settings requested? _____ (If Yes, rental fee will apply)

Has organization or group previously used the Library Meeting Room: _____ Yes _____ No

Date of previous use: _____, Date of proposed use: _____

Beginning Time: _____ Ending Time: _____ (Please allow for set up and clean up)

Number of tables needed in Room 1: _____ Number of chairs needed in Room 1: _____

Estimated Attendance: _____

Name of Responsible Person _____

Address _____

Telephone Numbers: (Day) _____ (Evening) _____

Agreed this _____ day of _____, 20_____.

Signature of Responsible Person

OFFICIAL USE ONLY (You will be contacted when application has been reviewed and determination has been made)

Request Approved _____ Request Denied _____

By:

Library Meeting Room Coordinator

Date: _____