



CLAYTON
COUNTY • GEORGIA

LIBRARY
SYSTEM

Cc: Clayton connected

Clayton County Library System Meeting Room Application

(Use of the meeting rooms must be in compliance with ADA requirements.)

GENERAL INFORMATION

Name of Group/Doing Business As: _____

Contact Person: _____ Position: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Phone: Home: _____ Cell: _____ Fax: _____

Library Card Number: _____

(The contact information above may be given to any person inquiring about this meeting.)

MEETING ROOM LOCATION

Library Location: _____

Room: _____

Detailed Reason for Room Request :

REQUEST INFORMATION

(Meeting Room Application must be received at least two (2) weeks prior to the event.)

DATE:	DAY:	TIME FROM:	TO:
DATE:	DAY:	TIME FROM:	TO:

REQUEST FOR TABLES AND CHAIRS

___ 6ft Rectangular Tables Quantity: _____ ___ Chairs Quantity: _____

(Each group is responsible for arranging the room in the manner in which they find most appropriate for their meeting, as well as leaving the room in the manner in which it was found.)

I HAVE READ THE REGULATIONS GOVERNING USE OF THE MEETING ROOMS AND THE LIBRARY SYSTEM'S CODE OF CONDUCT AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. I UNDERSTAND AND AGREE THAT FEES FOR DAMAGE TO THE FACILITY WILL BE ASSESSED TO MY LIBRARY CARD RECORD. I ALSO UNDERSTAND THAT PERMISSION TO USE A LIBRARY MEETING ROOM DOES NOT IMPLY ENDORSEMENT OF THE AIMS, POLICIES, OR ACTIVITIES OF ANY GROUP OR ORGANIZATION.

SIGNATURE: _____

DATE: _____

STAFF USE ONLY:

APPROVED

DENIED

DATE RECEIVED: _____

REVIEWED/APPROVED BY: _____

NOTES:
