

Hudson Area Library
400 State Street * Hudson, New York 12534
518- 828-1792 * info@hudsonarealibrary.org

REQUEST FOR USE OF LIBRARY FACILITIES

To: The Library Director

The _____ requests the use of the Library
(Organization)

Meeting Room for _____ for _____ people on
(Type of Activity) (Number)

_____ from _____ to _____. No admission will be charged and the
(Specify Date) (Time) (Time)

event/meeting will be open to the public.

Summary of Activity _____

Requests must be made at the office of the Library Director at least one week in advance of the date of the intended use and not more than three months in advance. It is understood that the undersigned will be personally responsible to see that all regulations of the Board of Trustees are observed and that the group or organization will be responsible for damage resulting from misuse of the facilities.

CHECK LOCATION AND EQUIPMENT DESIRED

Small Study Room Large Conference Room

Of Chairs _____ White Board

Of Tables Other (specify) _____

Name of person responsible _____
(Print Name)

Signature of person responsible _____

Address _____ Home Phone _____

Alternate person to contact _____ Business Phone _____

Request for permission to use facilities is granted

Library Director

Date