

**Meeting Room Permit Form
Starkville Public Library**

Name of Organization: _____

Purpose of Meeting: _____

Specific Meeting Room Dates Requested: _____

Specific Meeting Times: _____

Primary Contact Person

Name(s): _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Home phone: _____

Work phone: _____

Estimated attendance of meeting: _____

I have read the meeting room policies, regulations and procedures. The organization and I agree to comply with them. We agree to be responsible for the general conduct of and any damages caused by the members and guests at this meeting.

Signature of Primary Contact Person

Date

---- LIBRARY USE ONLY ----

Approved: YES NO

Date: _____

Reason not approved (if needed): _____

Staff Signature: _____