Independence Public Library Meeting Room Use Application

Applicant:	Person in Charge:	
Address:	Phone (Home)	(Cell/Work)
Date(s) Requested:	Hours:to	
Type of Event:	Total Hours:	Number expected:
Will refreshments be served? Y N Do you need coffee service? Y N # of pots: Regular Decaf		
Charges		
Coffee:	\$3.00/pot (8-10 cup)	
Cleaning deposit: (if required)	\$20.00 (refundable)	
Long Meeting (4 hours +)	\$50.00	
Total Paid:		
I hereby apply for use of the Independence Public comply with all rules and regulations set forth by the legal age and will be responsible for the care of the repair or damage to equipment of the facility and for damaged during use of the facility. I further understhe application is not transferable. I also understate change without notice.	ne Independence Publi e facility during its use or the replacement of a stand that this reservat	c Library. I further agree that I am of and that I will be responsible for the any inventory or equipment lost or ion is revocable at any time and that
I hereby agree to reimburse and hold the City of Incauses, actions, suits, loss, damage or expense of incurred by the City of Independence as a result of members, officers, agents or invitees and shall ind of Independence harmless from same including at from the use of the Library facility during the period	f any kind or descriptio f negligence of the App lemnify the City of Inde torney fees, arising out	n which may be claimed against or blicant, sponsoring organization, its pendence against, and hold the City
I further agree that I shall abide by all federal, state prohibiting discrimination.	e and municipal equal o	opportunity laws and regulations
Signature of Applicant Date	Library Appr	oval Date