

MILFORD PUBLIC LIBRARY  
11 SE Front Street  
Milford, DE 19963  
302-422-8996  
Fax: 302-422-9269  
MEETING ROOM APPLICATION

Please Print

**After availability is determined please return application and payment within 48 hours to confirm reservation!**

DATE OF MEETING: \_\_\_\_\_ TIME FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MEETING ROOM REQUESTED: \_\_\_\_\_

NON -PROFIT ORGANIZATION: \_\_\_\_\_  
BUSINESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NUMBER OF PARTICIPANTS EXPECTED: \_\_\_\_\_

WILL REFRESHMENTS BE SERVED? \_\_\_\_\_

PURPOSE OF MEETING: \_\_\_\_\_

**Furniture may be moved in Lions Club Rooms for meeting needs; must be put back way found.**

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Room Fee		\$	_____
<b>Please check additional needs:</b>			
Refreshments/ For Clean up	\$25.00	\$	_____
AV Assistance	\$25.00	\$	_____
<b>Total</b>		\$	_____

I have read and understand Milford Public Library's Meeting room policy. I declare that the person or Organization listed above is, through me, responsible for any infraction of the regulations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:**

\*\*\*\*\***This Section for Library Use Only**\*\*\*\*\*

FEE PAID \_\_\_\_\_ DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

GRANTED \_\_\_\_\_ REFUSED \_\_\_\_\_