

Lied Scottsbluff Public Library – Jane and Chet Fliesbach Community Room Application

Organization Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Contact Person _____

Phone _____ Email _____

Check-In Representative _____

Phone _____ Email _____

Meeting Topic _____

Expected number of attendees _____

Meeting Date _____

Start Time _____ End Time _____

**Meeting Room Hours: Monday – Thursday 9:00 a.m. – 6:45 p.m., Friday-Saturday 9:00 a.m. – 4:45 p.m.

Please check whether your organization is: For Profit Business Non-Profit Organization

*Any domestic non-profit corporation formed pursuant to the rules in Nebraska Revised Statute 21-2313, a foreign state equivalent, or who maintains 501(c)(3) tax exempt status may use the room free of charge.

As an authorized adult representative of the above organization, I hereby apply for the use of the community room as indicated above. I have read the policies and rules governing the use of the community room facilities and agree that they will be carefully observed. If a meeting is cancelled, I agree to notify the library as far in advance as possible.

Signed _____ Date _____

Please note: Community room reservations are not confirmed until this completed form and payment (if applicable) has been received and approved by designated library personnel.

Appeal Process: Groups or individuals who are denied use of the library's community room may appeal in writing to the Library Director. Mailing address: Lied Scottsbluff Public Library, Library Director's Office, 1809 3rd Avenue, Scottsbluff, NE 69361 Email address: librarydirector@scottsbluff.org Fax: 308-630-6293

For Library Use Only

Application approved

Application denied

Signed _____

Date _____

Contact's Signature _____

Date of Payment (if applicable) _____

Amount Received _____ Staff Initials _____

Cash Check