Middletown Township Public Library
Request for Use of Facilities

Facility Requested: ____Community Meeting Room (with Kitchen? Circle - Yes or No)
____Computer Training Lab
____Board Room

Type of Organization: ____Township of Middletown Board/Commission/Agency
____Middletown Non-Profit Organization (must provide 501c)
____Business, Other Non-Profit

Organization_____

Street Address_____

City_____State_____Zip_____

Telephone Number (include area code)_____

Fax Number (include area code)_____

E-Mail Address_____

Event Date: First choice_____
Second choice_____
Third choice_____
Note: Requests may only be made up to 30 days in advance.
Start Time of Program_____
End Time of Program_____
<u>Note</u>: Library Hours are 9 a.m. to 9 p.m. Monday through Thursday; Friday and
Saturday 9 a.m. to 5 p.m.; and Sunday 1 p.m. to 5 p.m. (closed on Sundays in summer)
All programs must end at least 15 minutes before closing time.

Number of event participants_____

Briefly describe the program/event
_____
_____
_____
_____
_____
_____
_____

Will food/beverage be served?_____Yes   _____No

Equipment Requested:
Community Meeting Room
_____Chairs
_____Tables (all tables are 30" x 96")
_____Video Projector and Screen

_____Cart for Audiovisual Equipment
_____Lectern with Microphone
_____TV/VCR
_____DVD or Blu-Ray Player and Screen

Computer Training Lab
_____Laptop Computers
_____Computer Projection Equipment
_____SmartBoard
Board Room
_____Video Projector and Screen

Note: **It is the sponsoring organization's responsibility to set up the room and to return room to original condition and to provide qualified personnel to operate any Library equipment.**

Please read and sign the following:

I, _____, as a representative of _____ affirm that the information provided in this request is true and that I have read the library's Meeting Rooms Policy and agree to be the responsible party. I affirm that my group or organization will accept and adhere to all the provisions of the Policy.

Signed_____
Date_____

Note: **Please do not make announcements or print materials with an event date until you have a confirmed reservation from the Library. Requests may only be made 30 days or less in advance and will not be accepted if they conflict with library programs.**
Completed form may be submitted by:
    Mail or In-Person
        Administration Department
        Middletown Township Public Library
        55 New Monmouth Road
        Middletown, NJ 07748
    Fax   **732-671-5839**
    Email   **wlatona@mtpl.org**

The rental fee by cash, check or money order shall accompany the application. If payment is made by check or money order it must be made payable to the Middletown Township Public Library with the name and phone number of the person or organization requesting the room printed on the check. See the library's Meeting Rooms Policy for room rates.

● ● ●

Program/Event Approved_____   **Program/Event Not Approved_____**

Library Official_____   **Reason: _____Dates not available**
                                      _____Does not meet guidelines
Date_____   **outlined in Meeting Room Policy**

                                        _____Other:_____