

# Middletown Township Public Library

## Request for Use of Facilities

Is this request for a Saturday Evening or Sunday? Circle – Yes or No

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 \_\_\_\_\_

Note: 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

**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.

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Program/Event Approved \_\_\_\_\_

Program/Event Not Approved \_\_\_\_\_

Library Official \_\_\_\_\_

Reason: \_\_\_\_\_ Dates not available  
\_\_\_\_\_ Does not meet guidelines  
outlined in Meeting Room Policy

Date \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_