

ROMULUS PUBLIC LIBRARY APPLICATION FOR MEETING ROOM USE



Name of Organization/Individual: _____

Organization Representative: _____ Title: _____

Address of Organization/Individual: _____

Phone: _____ Email: _____

Date(s) Requested: _____

Hours Desired: _____ Total hours: _____

Type of Activity: _____

Anticipated No. in Attendance: _____ (Room Capacity 40)

Category 1	No Charge	Library use and co-sponsored programs	Library sponsored or co-sponsored cultural events, library programming and library educational events
Category 2	No Charge	Romulus or Huron Township Resident for Educational, Cultural, Informational or Governmental/Civic Activities, Non-Profit 501(C)(3)	Homeowners associations, public lectures, panel discussions, workshops and other similar functions. 501(C)(3) documentation may be required.
Category 3	\$25.00/per session (up to four hours)	For-Profit Organizations or Businesses in Romulus or Huron Township	For-profit businesses of Romulus or Huron Township residents or businesses located within the same.
Category 4	\$100.00/per session (up to 4 hours)	Non-Resident	Non-Resident non-profit and for-profit groups, individuals or organizations
Category 5	No Use Permitted	For-profit groups or organizations soliciting or selling products or services are not eligible to use the library meeting room.	

(OVER)

Adopted by Romulus Public Library Board March 1, 2013; rev. Mar. 16, 2016.

ROMULUS PUBLIC LIBRARY
APPLICATION FOR MEETING ROOM USE



PLEASE RETURN SIGNED FORM TO THE LIBRARY IN PERSON, VIA FAX AT 734-941-3575, OR
THROUGH EMAIL TO romuluspubliclibrary@gmail.com

I HAVE READ AND UNDERSTAND THE POLICY ON THE USE OF THE ROMULUS PUBLIC LIBRARY
MEETING ROOM AND AGREE TO ABIDE BY ITS REGULATIONS.

I UNDERSTAND THAT THE MEETING ROOM WILL ONLY BE BOOKED UPON APPROVAL OF THE
LIBRARY DIRECTOR OR DESIGNEE.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Approved by _____ Date: _____
(Library Director or Designee)

For Office Use Only

Date Application Received: _____

Date Room Charge Received: _____

Date Application Approved: _____

Check No. _____

Date Approval Email Sent: _____