

MEETING ROOM USE FORM

~Osgood Public Library~

136 W. Ripley St. Osgood, IN 47037
Phone 812-689-4011 * Fax 812-689-5062

~Milan Branch~

1171 N Warpath Dr. Milan, IN 47031
Phone 812-654-1963 * Fax 812-654-1332

I have read the meeting room policy and, as a representative of the organization requesting meeting room use, agree to abide by these policies

Signature _____ Date _____

Name of Organization _____

Contact person _____

Address _____

City _____ Zip _____

Phone _____ Fax _____

Name of program as advertised, if applicable _____

Purpose of meeting _____

Requested date (s) _____

Time beginning _____ Time Ending _____

Number of attendees expected _____

Equipment requested: _____

For a list of available equipment, please see library staff member.

For office use only

Approved / Denied by _____ Date _____

Date fee paid _____ Check (#) _____ Cash _____