

PERMIT FOR USE OF ROOMS

Request Date: _____

Staff Initials: _____

Auditorium ☐

Board Room ☐

Organization Type: Not-for-Profit ☐ For-Profit ☐

Organization Name: _____ Contact Name: _____

Address: _____ Contact Email: _____

City/Postal Code: _____ Contact Phone Number: _____

Phone Number: _____ Fax: _____

Nature of Meeting: _____

Date Required: _____ Expected Attendance: _____

Time – From: _____ To: _____

Wi-Fi ☐

PLEASE REPLACE ALL FURNITURE AND EQUIPMENT BEFORE VACATING ROOM.

We certify that we have read the rules and regulations governing the use of the Auditorium, Board Room, and we agree to conform thereto and be strictly bound thereby.

Responsible Officer Signature: _____

Fee \$: _____

*cheques made payable to the West Nipissing Public Library

Library use only

Approved by (Staff member): _____

Date: _____ Amount Paid: _____ Cash ☐ Cheque ☐ Debit ☐