

Meeting Room Use Agreement Form

Organization Name: _____
(Please Print)

Contact Information: (Please Print)

Name: _____

Address: _____

Phone: _____

I certify that I am a representative of the group or organization using the Olean Public Library's meeting rooms. I also certify that I have read and accept the conditions set forth in the Library's Meeting Room Policy and Gallery Setup Procedure.

Signature of Group
Representative: _____

Date: _____

Please mail this form to: OLEAN PUBLIC LIBRARY
ATTN GALE
134 N 2ND ST
OLEAN NY 14760-2583

Fax form to: (716) 372-5651

This agreement is in effect for one year from the date above. If contact person changes please let the Library know. If you need to cancel a room booking or have any questions, please contact the Library at (716) 372-0200.

Date Received: _____

Staff Initials: _____