

**STAMFORD COMMUNITY LIBRARY**  
**USE OF MEETING ROOM FORM**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred contact: \_\_\_\_\_ email \_\_\_\_\_ phone  
(check one)

Date needed: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Reason

for Use: \_\_\_\_\_

Number of people expected: \_\_\_\_\_

Equipment required:

---

---

I have read the attached policy and agree to its provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date \_\_\_\_\_