



Application for Use of Meeting Room

700 Hempstead Tpke.
Elmont, NY 11003
516.354.5280
www.elmontlibrary.org

For the year September 1, _____ to August 31, _____

(Application must be filed in duplicate.)

Form EML-1

New application

Renewal, if so:

- By-laws have not changed since submitting the previous application.
- By-laws have changed since submitting the previous application and a copy of the updated By-laws are enclosed.
- A resident representative will be at the July Board Meeting.

Date: _____

1. Name of Organization: _____

Address: _____
Street City Zip Phone

President or Chairperson of Organization: _____

2. Individual Filing Application: _____ email: _____

Address: _____
Street City Zip Phone

3. Purpose of Organization: _____

4. Expected Size of Group: _____

5. Meeting Information (list dates, including July and August—in order—if more than one. Attach additional dates on separate sheet if necessary):

- a. All organizations are limited to one meeting per month. More frequent meeting room use may be granted based upon both the facility's availability and Director's approval, and provided that all other authorized groups and organizations have been accommodated with respect to their one (monthly) meeting request.
- b. All meetings must end by 10:30 p.m. and the building vacated by 10:45 p.m.
- c. Strict adherence to Regulations Governing Use of Meeting Room Facilities is required. Failure to do so will result in the cessation of meeting room privileges.

Dates	Time (start – end)	Speaker	Program
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6. **RELEASE:** The above-named organization does hereby indemnify and hold harmless the Elmont Public Library, its agents and employees against any and all claims including, but not limited to, claims for property damage and claims for personal injury which might arise out of or in conjunction with the use of its premises and/or equipment. We also have received, read and agree to abide by the Regulations Governing Use of Meeting Room Facilities of the Elmont Public Library.

Signature of Authorized Officer: _____ email: _____

Address: _____ Phone: _____

LIBRARY USE ONLY

ACTION TAKEN: _____ DATE: _____

DIRECTOR SIGNATURE: _____