

MEETING ROOM APPLICATION

Library Agency

Date of Filing Application

Name of Organization

President's Name

Purpose and Function of the Organization

Address of the Organization

Name of Individual Filing Application

Email Address

Library Card Number: **23149**

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Address

Phone Number

Nature of Meeting

MEETING INFORMATION:

Date (or list dates below if series of meetings)

Size of Group

Time (inclusive)

I have read and agree to abide by the regulations governing the use of meeting rooms.

Signature of Applicant

Approved

Not Approved on behalf of the Board of the Omaha Public Library

Library Director

Distribution: 1 – Customer
1 – Agency
1 – Administrative Office