

Lincolnwood Public Library District  
4000 W. Pratt Ave.  
Lincolnwood, IL 60712  
847-677-5277  
www.lincolnwoodlibrary.org

Application for Authorization to Use Library Meeting Room Space

This application must be completed and submitted to the *Head of Community Relations /Administrative Services* or the *Library Director*. There is a mandatory four week waiting period before an organization's initial application may be approved, and the organization can begin to reserve and use Library meeting rooms, although this waiting period may be waived under certain conditions for a one-time event. A copy of the Library Board's POLICIES REGARDING PUBLIC USE OF LIBRARY MEETING ROOM SPACE has been provided with this application. All applicants must agree to comply fully with the policies, procedures, and requirements articulated in that statement of policy.

NAME OR ORGANIZATION: \_\_\_\_\_  
(full name please)  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

Only not-for-profit, non-commercial organizations may use Library meeting rooms space. Does the organization meet this requirement? \_\_\_\_\_

Please describe how the organization, by virtue of its purpose and membership, is connected with the Library's goals of serving the educational, cultural, and civic needs of the Lincolnwood community. (Attach a separate sheet if more space is needed. Also attach any documentation you think is appropriate.)

Please attach a list of the organization's current officers, with home addresses and telephone numbers:

What kinds of meetings or functions might you be holding in the Library?

Application for authorization to use Library meeting rooms must be made by an active member of the organization who is both a Lincolnwood Library card-holder and at least 18 years old. This individual will be the primary liaison between the organization and the Library. The organization must also designate an alternate liaison--another Lincolnwood Library card-holder at least 18 years old. The primary and alternate liaisons, as well as the organization itself, shall be held responsible for damage to Library property. It is expected that at least one liaison will attend each meeting and will assume responsibility for coordinating and controlling the organization's activities and behavior while it is using the Library. One liaison must attend, and assume direct responsibility for, any function in which there are participants under the age of 18.

(OVER)

Primary Liaison: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Alternate Liaison: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I\* have reviewed, understand, and agree to comply with the policies, procedures, and requirements of the Library Board's statement of POLICIES REGARDING PUBLIC USE OF LIBRARY MEETING ROOM SPACE. I confirm that the information provided above and/or attached to this application form is accurate, and I understand that should any of this information change, the *Head of Community Relations /Administrative Services* or the *Library Director* must be informed immediately. I further understand that my organization must update and renew this application at least every two years, but may be required to do so at any time.

Signature of Primary Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Alternate Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signatures of both the primary and the alternate liaison are required.

Note: The Library's Administrative Office will send written confirmation to the primary liaison that this application has been received and is being considered. If you have not received this confirmation within two weeks, please contact the Head of Community Relations – Library Programs Coordinator or the Library Director. The Head of Community Relations – Library Programs Coordinator or the Library Director will also notify the primary liaison in writing once this application has been approved or rejected.

STAFF USE ONLY

Application received in Administrative Office on \_\_\_\_\_ by \_\_\_\_\_

Confirmation sent:

Application: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Head of Community Relations /Administrative Services: \_\_\_\_\_

Signature of Library Director: \_\_\_\_\_

Notification sent: \_\_\_\_\_

Notes and Comments:

5/26/05

SAMPLE