

All information on this form is for library's use only. The completed form shall not be considered a public document.

LIVONIA PUBLIC LIBRARY – MEETING ROOM RESERVATION
(limited to one use per month)

DATE OF EVENT _____
RESERVE ROOM FROM _____ TO _____
MEETING BEGINS AT _____

NAME OF INDIVIDUAL OR GROUP REQUESTING ROOM _____
CONTACT PERSON _____
ADDRESS _____

PHONE # (home) _____ (work) _____

Is this a non-profit organization? Yes ___ No ___ 501C3 # _____

Facility Desired: ATRIUM ____, AUDITORIUM ____, MEETING RM A ____, MEETING RM B ____, MEETING RM C ____, 3RD
FLOOR JENKIN ROOM ____, MI RM _____

Are you planning to use the kitchen facilities? YES ___ NO ___ \$50 Deposit ___

Will you need Wireless Internet Access? YES ___ (Instructions Available) NO ___

of people expected to attend event? _____

ROOM SETUP: Please give us details below and tell us **EXACTLY** what you need and how you want it set up. i.e. # of chairs, tables, microphones, audiovisual aids, coffee pots etc. If you do not tell us what you want, you may have an empty room. Diagrams may be used. _____

PLEASE NOTE: Your room is not confirmed until all of the above criteria have been met as well as your fees paid and insurance requirements fulfilled. This form must be filled out and turned into the City Librarian's office at least 2 weeks in advance of a program. If a program is cancelled less than 2 weeks in advance of the event, **NO REFUND WILL BE GIVEN.** If prior arrangements have not been made for such items as a table or projector etc., they may not be available on the day of the event.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I AM THE RESPONSIBLE PARTY FOR THIS EVENT.

SIGNATURE _____ DATE _____

PLEASE MAKE CHECKS PAYABLE TO: The Livonia Public Library

Mail completed form to: Livonia Civic Center Library, 32777 Five Mile Rd., Livonia, MI 48154 – Attention: Margaret Hainsworth Any questions, please call 734-466-2452



ROOM APPROVED FOR USE BY: _____ DATE _____
FEE PAID? _____ INSURANCE? _____ ALCOHOL PERMITS? _____