

ROWLETT PUBLIC LIBRARY RESERVATION REQUEST FOR MEETING ROOM/AUDITORIUM

Individual Completing Form		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____		
Group Represented		
GROUP NAME _____		
CONTACT PERSON _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____		

Responsible Adult	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE _____	
Please mark one of the following:	
<input type="checkbox"/> Rowlett Govt.	<input type="checkbox"/> Rowlett Non-Profit
<input type="checkbox"/> Rowlett Resident	<input type="checkbox"/> Rowlett Business
<input type="checkbox"/> Other Non-Profit	<input type="checkbox"/> Other Resident
<input type="checkbox"/> Other Business	<input type="checkbox"/> Other Government

Date Room/Auditorium Needed: _____ Day: _____ Time: _____

What is the purpose of this use: _____

The Meeting Room/Auditorium Policies are attached to this form. Have you read them? YES NO

Do you understand them? YES NO

Do you agree to abide by the Policies and to pay all deposits and charges? YES NO

Do you agree to leave the Meeting Room/Auditorium clean and neat and without damage after your program?

YES NO

 SIGNATURE OF RESPONSIBLE ADULT

 DATE

FOR RPL USE ONLY:	
_____ Deposit Paid _____ (date)	_____ Refund made _____ (date)
_____ Charges Paid _____ (date)	
Room/Auditorium use approved <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____
Room was inspected _____ (date)	By: _____
Was clean/neat <input type="checkbox"/> YES <input type="checkbox"/> NO Recommended for future use <input type="checkbox"/> YES <input type="checkbox"/> NO	