



Wells County Public Library

Ossian Meeting Room Application

Name of organization _____
Not-for-profit group or organization? Yes ___ No ___ Tax Exempt ID # _____
Date of meeting _____
Time of meeting: From _____ To _____
Purpose or subject of meeting _____

Estimated attendance _____

Is meeting open to the public? _____ Will the kitchenette be used: Y/N

Library equipment needed: Please check.

___ CD/Cassette Tape Recorder ___ Table Top Podium
___ Video/DVD unit ___ Marker Board Easel

*** Other Audio Visual Equipment available at the Main library please call (260) 824-1612.

*** Equipment can be put on reserve and delivered via the library van.

Name of person making application _____
Title of person making application _____
Library Card # _____
Address _____
Phone number _____ Email: _____

I, the undersigned, as a responsible representative of the organization making application for the library meeting room use, have read and do agree to abide by the attached rules and policy. Any publicity for the event must contain the following disclaimer: ***“The use of the Wells County Public Library’s meeting facility does not constitute the library’s endorsement and sponsorship of the program or the organizer’s policies and beliefs.”*** A copy of the publicity will be sent to the library prior to the event. The library does not assume any responsibility or liability for the security of personal or organizational items.

Signed _____ Date _____

All applications must be approved by the Branch Manager.

Approved _____ Not approved _____

OFFICE USE ONLY: Fee _____ Tax _____ PAYMENT TOTAL _____ Cash / Credit Card / Check
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