



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 Player

_____ Table Top Podium

_____ Video/DVD unit

_____ Marker Board Easel

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

*** Most 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 as well as public health recommendations and requirements.. 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 or any injury, illness, disease, disability, or death. Failure to follow the meeting room rules may result in fees and/or denial of future room use.

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