



## APPLICATION FOR USE OF THE LEACH LIBRARY MEETING ROOM

Applications should be submitted to the library at least one (1) week prior to the requested date(s) for approval. Return completed applications to the Leach Library Reference Department or email to [reference@londonderrynh.gov](mailto:reference@londonderrynh.gov). Please retain the *Meeting Room Policy* for your reference.

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Requested Dates: The room may be booked once per month, and dates may be requested up to three (3) months in advance. All meetings must conclude fifteen (15) minutes before the library closes.

	Month	Day	Year	Start Time	End Time
1.	_____				
2.	_____				
3.	_____				

What type of activity will the room be used for? \_\_\_\_\_

Will the meeting recording equipment be used? (*Town boards and commissions only*)  Yes  No

Number of attendees expected: \_\_\_\_\_ Will refreshments be served?  Yes  No

I hereby certify that the meeting room will be used by an eligible organization for the activity stated, and I hereby agree that I have read the Meeting Room Policy included with this application form and that I am authorized by the organization named on this application to accept the responsibility for the rules and regulations.

Signature of Applicant: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Evening Phone No.: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Library Card (*Required*): \_\_\_\_\_

*Note: When the library closes for weather or facility-related emergencies, efforts will be made to contact the organizations scheduled to use the meeting room. During adverse weather conditions, the group should check WMUR or our Facebook page for closing information.*

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FOR STAFF USE ONLY

This application is approved.

\_\_\_\_\_  
Leach Library Director

\_\_\_\_\_  
Date