

Portsmouth Free Public Library  
2658 East Main Road  
Portsmouth, RI 02871

**MEETING ROOM**  
**APPLICATION FORM**

PHONE (401) 683-9457  
FAX (401) 683-5013  
officeporlib@yahoo.com

**NAME OF ORGANIZATION:** \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Date requested: \_\_\_\_\_ Time requested: From \_\_\_\_\_ To \_\_\_\_\_

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**ALL SCHEDULED PROGRAMS MUST END 15 MINUTES BEFORE CLOSING TIME.**  
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Adult Supervisors When Students are Involved: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

*Please note that nothing may be used to adhere items to the walls . Only the Walker Display System provided by the Library may be used for exhibits. Also, please do not stack upholstered chairs.*

I have read the Meeting Room Policy provided to me and agree to comply with all regulations.  
Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

If your organization wishes to serve refreshments, additional rules are in effect. You are responsible for cleaning all tables, counters and floors. Trash must be removed from the building. If the carpet is stained, your organization agrees to reimburse the Library for professional cleaning.

We wish to serve refreshments and agree to the requirements listed.  
Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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**FOR LIBRARY USE ONLY**

Approved: Yes  No

Fee: Yes  No

Confirmed: Yes  No

Fee Per hour: \_\_\_\_\_ Total Due: \_\_\_\_\_

By: \_\_\_\_\_

Room Reserved: \_\_\_\_\_

**Library Director** Date: \_\_\_\_\_