KILLINGLY PUBLIC LIBRARY
COMMUNITY ROOM APPLICATION

Date(s) Room Needed:_________________________  Date of Application:_______________

Please complete this application and return it to the Circulation Desk, Killingly Public Library, 25 Westcott Rd., Killingly, CT 06239    Phone: 860-779-5383.    Fax: 860-779-1823

Community room is available free of charge for non-profit organizations during hours that the library is staffed. These hours are: Mon., 9:30-5:30, Tues., Wed., Thurs., 9:30-7:00, Fri., 9:30–5:30 and Sat., 9:30-2:30. For use before and after these hours, a fee of $25.00 will be charged.

*Please use lower parking lot nearest to Main St.; Number of cars is limited.*

NAME OF ORGANIZATION: ____________________________________________________

PURPOSE OF ORGANIZATION: _________________________________________________

OFFICER OR CONTACT PERSON: _______________________________________________

  Email: ____________________________________________________________________

MAILING ADDRESS: ___________________________________________________________

PHONE (home): ________________ (work): ______________ (fax): __________________

PROGRAM OR SUBJECT OF MEETING (describe briefly): ____________________________

____________________________________________________________________________

ANTICIPATED ATTENDANCE: __________________________________________________

HOURS ROOM WILL BE NEEDED: from ____________ to ______________

WILL THE MEETING OR PROGRAM WILL BEGIN: _________________________

WILL THE MEETING BE OPEN TO THE PUBLIC?      _____ YES       _____ NO

*If yes, who could be contacted for information? (Name and number given to public.)

  CONTACT PERSON: __________________________  PHONE: _______________

WILL YOU REQUIRE USE OF THE KITCHEN? _____ YES  _____ NO

WILL REFRESHMENTS BE SERVED?  _____ YES  _____ NO

When signed by authorized officer, this application signifies agreement to abide the regulations on the attached policy statement.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _________________________________

APPROVED FOR THE KILLINGLY PUBLIC LIBRARY:

DATE: ____________   BY: _________________________________

Revised 2/1/19