Print Form Reset Form

BUTTE COUNTY LIBRARY

REQUEST FOR USE OF THE LIBRARY CONFERENCE ROOM

BRANCH: _____

Library sponsored and related programs will take priority over other use of this facility. Public agencies and non-profit cultural, educational, or civic groups are welcome to apply for use.

The following rules apply for conference room use:

- Meetings must be open to the public and no admission charged.
- Reservations for the room should be made in advance.
- Keys to the rooms must be picked up in advance; staff is not available to open the door when the Library is closed. Please return the key promptly to the reference desk or after hours place in an envelope and deposit in the book-drop.
- All fire and safety rules must be followed:
  - Smoking is not permitted under any circumstances.
  - The posted capacity of the room must be observed.
  - Aisles to exit doors must be kept clear.
  - Electrical equipment should be checked for safety.
  - Keep cords out of footpaths.
- The County assumes no responsibility for any view expressed during a meeting and provides no supervision.
- County insurance does not cover exhibits or materials brought into the Library. The County is not responsible for it
- Materials may be displayed only on areas provided for that purpose or on easels. Please be careful not to mar the walls with nails, glue, or other substances.
- Light refreshments may be served in conference rooms. Consumption of alcoholic beverages is prohibited.
- No janitorial service for moving materials or arranging furniture is provided. Users should set up and replace tables and chairs. Users are responsible for leaving the room in a clean condition. Users are responsible for damage to the room or County property in the room.

CHECK LIST:

☐ Tables & chairs clean and returned to their original arrangement ☐ Kitchen clean

☐ Floor clean ☐ Lights off ☐ Doors locked ☐ Key returned

FULL NAME OF ORGANIZATION: _____

PURPOSE OF ORGANIZATION: _____

NAME OF PRIMARY CONTACT: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ST: _____ ZIP: _____

I have read the above and will be responsible to see that the group is aware of and abides by these conditions:

SIGNATURE: _____ DATE _____