



MACOMB COUNTY LIBRARY



16480 Hall Road
Clinton Township, MI 48038-1132
(586) 286-6660
Fax: (586) 286-8951
www.macombcountylibrary.org

MEETING ROOM APPLICATION

Date or dates requested _____

(Six months in advance only)

Time requested _____

Name of group _____

Person applying on behalf of group _____ Position _____

Mailing address _____

Business phone _____

Home phone _____

Expected attendance _____ (Large Room seated capacity is 70 persons) Large Room arrangement preferred _____
Please select an arrangement from the back of this sheet.
_____ (Board Room seated capacity is 15 persons) The Board Room is setup with room arrangement "C" only.

Type of activity _____
(For example: Speaker, condo assoc., panel discussion, study group, etc.)

Is this meeting open to the public? _____ Yes _____ No

May the public contact you at the above phone number upon request for more information? _____ Yes _____ No

Will literature be distributed? Yes _____ No _____

Brief description of exhibit materials and literature _____

Will refreshments be served? Yes _____ No _____ (If yes, the group is responsible for cleanup & bringing their own supplies i.e. coffee machine, napkins, cups, etc. Use of the library's equipment & supplies are prohibited.)

I HAVE READ AND AGREE TO THE CONDITIONS LISTED ON THE BACK OF THIS SHEET

Date _____

Signature _____

DO NOT WRITE BELOW THIS LINE

____ Approved

____ Disapproved

____ Authorized Signature

Date approved _____

(Rev. 8/07)