

Lakeville Public Library
4 Precinct Street Lakeville, MA 02347
508-947-9028 fax: 508-923-9934

Trustees meet once a month and provide all approvals. Please apply at least one month in advance.

Reservation for:

___ Large Meeting Room (Contact Library Director Olivia Melo, 508-947-9028)

___ Trustee Room (Contact Library Director Olivia Melo, 508-947-9028)

___ Children's Program Room (Contact Youth Librarian Teresa Mirra, 508-947-9028)

Name of Group _____ Date of Application _____

Type/Purpose of meeting _____

Please note that all meetings must be open to the public and of a non-profit nature.

(Circle one) This is a LIBRARY TOWN OF LAKEVILLE STATE LOCAL GROUP or INDIVIDUAL meeting.

Date of Meeting _____ Anticipated Attendance _____

This is a _____ One time use OR _____ On-going, (e.g. monthly,) meeting (Please note that groups are encouraged not to use the meeting room more than once a month)

Dates for future use (e.g. "every second Tues.") _____

Ending date for on-going use _____ (If no ending date is given, your group will need to renew its application each December for the following calendar year.)

Meeting Hours: _____ AM PM to _____ AM PM
With rare exceptions, meetings must take place within regular library hours

Refreshments will be served: ___Yes or ___No (Limited kitchenette facilities are available)

Person Responsible _____
Phone _____

Address _____

E-mail _____ Cell phone _____

Please respect our library patrons. Children must be supervised at all times. No literature may be disseminated outside the meeting room without permission of the Library Director and Trustees. If your meeting will have large attendance, attendees are requested to park in the Old Town Hall lot, adjacent to the library. Your group will be responsible for set-up, clean-up and/or provision of any supplies or equipment (computers, projectors, etc.) needed. **ANY SPECIAL REQUESTS FOR ASSISTANCE OR EQUIPMENT MUST BE MADE AT LEAST ONE WEEK IN ADVANCE. THE LIBRARY IS NOT RESPONSIBLE FOR PROVIDING STAFF ASSISTANCE OR EQUIPMENT, AND MAY DO SO SOLELY AT THE DISCRETION OF THE LIBRARY DIRECTOR & TRUSTEES.**

I have read the above, and the attached "Community Meeting Room Policy," and agree to comply with all policies and regulations of The Lakeville Library.

Signature

Date

For Library Use Only:

Approved by Board of Trustees _____ Date _____

CONTACT (dates & type):

Revised 11/18/06