

**Ossining Public Library
Meeting Room Application**

Date of application: _____

Name of organization: _____

Type (check one): Public _____ Commercial _____

Contact person: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Date(s) requested: _____

Time (include set-up and clean-up): _____ to _____

Description of event/meeting: _____

Estimated attendance: _____ Age of audience: _____

Person in charge (if different from contact person): _____

Equipment requested: _____

I hereby apply for the use of meeting room space as specified above and in keeping with the procedures and regulations as described on the Regulations for the Use of Meeting Room Spaces by Outside Organizations.

Signature: _____ Date: _____

Return to:

Attn: Meeting Room Coordinator, Ossining Public Library, 53 Croton Ave.,
Ossining, NY 10562
OR fax to 914.941.7464, Attn: Meeting Room Coordinator

Phone: 914.941.2416

Email: oplpr@wlsmail.org

Office use only

Approved: _____ Date: _____

Space reserved: _____ Fee: _____