

MEETING SPACE USE REQUEST FORM

LIBRARY ROOMS:

Coast Community Branch (45 person capacity)

□ Willits Branch (40 person capacity)

□ Ukiah Branch (39 person capacity)

□ Round Valley Branch (6 person capacity)

		Applicall	t Information			
Full Name				Date:		
	Last	First		М.І.		
Address:	Street Address				Apartment/Unit #	
	Olicer Address					
	City			State	Zip Code	
Phone:			Email:			
Are you 18	3 years or older?: YES □	NO 🗆				
		Meeting	Information			
Date of Ev	vent:		Time Required:			
Descriptic	on of Event:					
	ate Number of People:					
Organizat	ion Sponsor:					
. Event o	open to public? YES NC		free? YES NO		nt run by a YES NO ofit individual	
lf Appl	licable:			or gro	up :	
Date to Pick up Key:			Date to Retur	n Key:		
Person	Picking up Key:					
Alcoho	I to be served at Event: Y	ES NO				
If yes,	must show proof of Alcoho	lic Beverage Control (ABC) License befor	e event.	For no charge for a non-Library	
Rental	Fee: \$ (\$	\$30/hour for private, co	aising.)	sponsored event, boxes 1 & 2 must be YES, and 3 must be NO		
🗆 lun	derstand that publicity n am is neither sponsored	otices for non-library	y events must inclu	ude the foll		

Disclaimer and Signature

I have read the terms of this agreement and agree to comply with the provisions and regulations pertaining to the Library buildings' use. It is understood that (1) the undersigned will see to it that the area is returned to the condition in which it was found and will be in accordance with the post event cleaning checklist provided with this application; (2) If this box is checked: the undersigned is required to provide a certificate of insurance that shows a minimum coverage of

\$1,000,000.00 liability (and liquor liability if dispensing liquor on premises) combined single limit for the time period above with such certificates naming the County as additionally insured; and (3) those using the building will obey all existing County codes and ordinances, and State and Federal Statutes.

For County Use Only						
	APPROVED: 🗌 Yes	□ No				
COUNTY SIGNATURE:		DATE:				
Date Rental Fee Received:	Check No:	County Receipt No:				
Date Key Checked out if Applicable:						
Date Key Returned if Applicable:						

CLEANING CHECKLIST

- □ Leave floors as clean as possible.
- □ Wipe down chairs, tables, and counters.
- □ If used, clean or wipe down appliances wiped down..

 $\hfill\square$ Leave bathrooms as clean as possible including picking up trash from the floor.

□ Remove excess trash from building.

Erase whiteboards and/or chalkboards.

- □ Take down any items placed on walls.
- □ Turn off lights.
- □ Close doors tightly and lock (please test door before leaving).
- □ Notify Library staff of departure (or return key in book drop).

Thank you!