MEETING ROOM REQUEST

ALL INFORMATION MUST BE COMPLETED. Date of Request: ____________________

Event/Meeting Date: ____________________ Start Time: ________ End Time: ________

Organization: ____________________________ Non-Profit: Yes____ No____

Contact Person: __________________________ Phone: __________________________

E-mail (for confirmation of request): __________________________

Address: ________________________________

Room Requested: ___ Large rm. (max. 100) ___ Small rm. (max. 15) ___ Group study rm (max. 10)

Estimated attendance: __________ Food and beverage being served: __________________________

Equipment Requested: (Assistance with setup of tech/equipment may not be available and we cannot guarantee compatibility with your computer or other device. Please arrange for time to test equipment if this is a concern or if you think you may need instruction on use.)

___ TV/Display tech cart (w/ sound) ___ Projector cart ___ White board ___ Piano (large rm only)

ROOM USE FEES:
NON-PROFIT GROUPS: No fee, unless admission charged or other special circumstances
CLEAN-UP, SET-UP: A minimum charge of $50.00 will apply if additional cleanup is required after room use, or if special setup is requested and approved in advance.

FOR-PROFIT & PRIVATE GROUPS AND EVENTS:
Large Meeting Room - $25.00 per hour; $150 max. Small Meeting Room - $15.00 per hour, $90 max.
(Library Study Rooms are not available for private or for-profit events/groups.)

• Fees are charged based upon the hours for which the reservation is requested and not for the actual length of time the room is occupied (unless use is extended beyond the reservation ending time). Charges are not prorated for partial-hour use.
• Please call the library as soon as possible if it is necessary to cancel the meeting, so others may use it.
• ALL MEETINGS MUST BE CONCLUDED AND ROOM PUT BACK IN ORIGINAL ORDER prior to the scheduled end time for your reservation (or at least five minutes prior to library closing time) to avoid the $50.00 additional fee.

I have read and understand the Library’s Meeting Room Policy and agree to abide by it.

_________________________ ____________________________
Signature of Group Contact Person Date Signed

Return completed application to: Austin Public Library, 323 Fourth Ave NE, Austin, MN 55912-3370
www.austinpubliclibrary.org Phone: 507-433-2391

STAFF USE ONLY

Date Received: ________ By (staff member accepting request): ___________________

Request Approved? ________ Date Confirmed: ________ By (staff): ___________________

August 2023