80 Bloomfield Avenue
Caldwell, NJ 07006
972-226-2837
www.caldwellpl.org

FOR STAFF USE:

☐ Accepted

☐ Rejected

Notify Applicant
Initial & Date:

Notes/Explanation of Rejection:

_____

_____

_____

Date_____

Caldwell Public Library Meeting Room Application

Name of Requesting Organization:_____

Contact Name:_____

Contact Address:_____

Contact Phone Number_____

Contact Email:_____

Expected Attendance: _____ Date of Requested Meeting:_____

Requested Time & Duration of Meeting From:_____ To:_____

Purpose/Function of Organization:_____

_____

Topic/Purpose of Meeting:_____

_____

_____

Equipment being brought by Applicant:_____

Equipment requested to use from Library:_____

I hereby indicate that I have read, understand, and shall abide by the regulations of the Caldwell Public Library governing the use of the Meeting Room.

Signature of Applicant_____ Date:_____