



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

FOR STAFF USE:		Notes/Explanation of Rejection: _____ _____ _____
<input type="checkbox"/> Accepted		
<input type="checkbox"/> Rejected		
<div style="border: 1px solid black; padding: 5px;"> Notify Applicant Initial & Date: _____ </div>		
		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: _____