



24 D Smull Avenue
Caldwell, NJ 07006
972-226-2837
www.caldwellpl.org

FOR STAFF USE:	
<input type="checkbox"/> Accepted	Notes / Explanation of Rejection: _____ _____ _____
<input type="checkbox"/> Rejected	
Notify Applicant Initial & Date:	
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: _____