



24 D Smull 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: _____