

MEETING ROOM AGREEMENT

Name of Organization:	
Contact Person:	
Date(s) of Event:	Time:
Address of Organization:	
Email:	Phone:
Library Equipment/Assistance Requeste	ed:
By signing the Meeting Room Agreeme	ent, you agree to:
 Set up and clean up before at Clean up any spills, sweep or Leave the room/space as you The fact that a group uses the libr	r vacuum, and take any trash out to the library waste bin
Inquiries may be directed to atticalibrary	ydirector@owwl.org or call 585-591-2733
	gree to adhere to the Stevens Memorial Community equirements in the Meeting Room Agreement.
Signature	Date
Staff Initials	