



**TOWN OF TEWKSBURY
TEWKSBURY PUBLIC LIBRARY**

300 CHANDLER STREET
TEWKSBURY, MASSACHUSETTS 01876
978-640-4490 fax 978-851-8609

REQUEST FOR USE OF MEETING ROOMS

(Please complete all information.)

Name of organization _____

Contact person _____

Contact person's address _____

Contact person's telephone Day _____ Evening _____

Fax # _____ E-mail _____

Purpose of meeting _____

Number of attendees anticipated _____

Date(s) requested _____

Meeting time From _____ To _____

Set-up Time (if needed before meeting) _____

Please describe any equipment to be used or brought into the meeting: _____

I have received a copy of the regulations set forth by the Board of Library Trustees for Use of Library Meeting Rooms and I agree to abide by them. I understand that I am responsible for any fees and charges specified in these regulations. I understand that arrangements for parking for meetings of over 40 attendees must be made in advance. I understand that it is my responsibility to convey and enforce any stipulations, including parking, in advance to attendees. All information on the application is true and accurate.

Signature of applicant

Date of signature

In appreciation, please consider making a donation to the Friends of the Tewksbury Public Library.
Please do not write below this line.

☐ Approved by Library Administration

☐ Denied by Library Administration

Reasons for denial are listed below

Signature

Date

Conditions for use are noted below. *If application has been denied, please re-submit with further details and extenuating circumstance.*