

## Lyons Public Library Meeting Room Application

Date of Application: \_\_\_\_\_ Date for Room Request: \_\_\_\_\_

Time required: From \_\_\_\_\_ to \_\_\_\_\_

Name of Group or Organization: \_\_\_\_\_

Individual Responsible: \_\_\_\_\_

Mailing Address of Individual: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email of Individual: \_\_\_\_\_

Description of Meeting Room Use: \_\_\_\_\_

\_\_\_\_\_ Number of Persons: \_\_\_\_\_

Will the group want to use the kitchen facilities to cook/make coffee/serve refreshments? (Please be specific.)

Will the group want to use any library audiovisual equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what equipment? \_\_\_\_\_

Designated Clean Up Person: This person will be called if the room is not clean after use.

Name \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby affirm that I have read and agreed to the rules outlined in the Lyons Public Library Meeting Room policy, of which I have received a copy. I accept responsibility for damage or loss of library equipment and furnishings. Meeting Room Applications are renewed every January. Organizations are required to review the Meeting Room Use Policy for any changes before reapplying.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Return form to:

Lyons Public Library

122 Broad Street, Lyons, New York 14489

Phone: (315) 946-9262, Fax: (315) 946-3320, email: [lyonslibrarydirector@owwl.org](mailto:lyonslibrarydirector@owwl.org)

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