JEMEZ SPRINGS PUBLIC LIBRARY Library Conference Room Request Form

To be completed by the applicant after reviewing the Library Conference Room Use Policy:

Applicant Information:			
Date application submitted:			
Person in Charge of Event: Name:			
Mailing Address:			
mobile phone	e-mail		
Event Information:			
Name of event:	Group size estimate:(50 max)		
Description:			
Date(s)	his event is a private event for invitees [] Time(s) liance with the Library Sales/Solicitation Policy? llage for sales at this event. Details:		
Services needed: Folding tables* Access to kitchenette Access to Wi-Fi Access outside regular business hours Audio-visual equipment* Other requests *Notes:	Quantity(5 max) [] Yes [] No		

- *Notes:
 - The Library Conference Room has five permanent tables and 40-50 permanent chairs.
 - Some A/V equipment is available for checkout with your established library card.

Please provide any special explanation for service need checked "Yes"				
Library Conference Room rules are governed by the L signature on this application indicates the policy has been policy is available at https://jsplibrary.org/policies/ or yo Office. Referenced policies such as the Code of Conduct	n reviewed and agreed to for use of the space. The u may obtain a printed copy at the library or Village			
Signature By signing this form, I acknowledge that I have recesspace(s) requested and a schedule of fees required. I and comply with the rules and policies, as well as prequired.	understand that it is my responsibility to read			
Applicant	Date			
Fee Schedule:				
Fees must be remitted with cash or check to Jemez a hardship, credit card payment may be made at th				
All entities are required to provide a cleaning depo costs are incurred by the Village as a result of the	· · ·			
The following fees are required and will be waived Village departments, and governmental agencies:	for local non-profit (501-c-3) organizations,			
Library Conference Room: \$40 for two hours or less during regular libra \$80 for over 2 hours and up to 4 hours durin \$25/hour outside of regular library hours \$20/hour additional for library staff presence	g regular library hours			
\$50 cleaning deposit				
Calculate your fees here:	Total Rental fee:			

Refundable Cleaning Deposit:

\$50

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Processing of Request (to	o ve compi	etea by Library S	Stajj as aesigna	itea):
Library Director:				
Confirm space request	ed is availab	le; event can be acc	ommodated (Initia	ıl)
Application completed application is correct a		-	-	
Rules for the space req	uested have	been provided to ar	nd reviewed by app	olicant []
Public calendars show	the space red	quested is available	: Yes [] No	[]
Group size is appropria	Group size is appropriate for space requested:			[]
[] Department heads toilet usage, extra chair		•	ould affect operation	ons such as parking
Cleaning Deposit of \$5	50 Paid []	Check #:	or [] cas	sh
Use fee: \$	Paid []	Check #:	or [] cas	h
RESPONSE DUE Approved [] Disapprov		,ONE WEEK	K FROM APPLI	CATION DATE
Library Directo	or		Date	
Response sent to applicant by	None			
	Name	5	Date	