

**Walled Lake City Library
Application for Use of Library Meeting Room**



Name of Organization: _____

Organization's Representative: _____ Title: _____

Address: _____

Street City Zip
Home Phone: Business Phone: Email:

Date(s) Requested: _____ (Room may not be reserved more than one month in advance)

Hours Desired: _____

Type of Activity: _____

Anticipated Attendance: _____ (Maximum attendance for the meeting room is 30)

Sponsoring individuals and organizations agree to and shall indemnify, defend and hold harmless, the Walled Lake City Library and its appointed officials, boards, committees, agents and employees (collectively, the "library") against all suits, actions, demands, damages, and expenses of any nature which may be brought or made against the library or which the library may pay, sustain, or incur by reason of the use of the library facilities by sponsoring individuals or organizations.

Authorization to use library facilities may be revoked by the Library Director or designee upon violation of any policy, rule or procedure. A written appeal of the decision may be made by the complainant to the Chair of the Library Board within 10 business days. The Library Board will review the documentation and render their decision within 60 days of receipt of the complainant's appeal.

Walled Lake City Library Board of Trustees
1499 E. West Maple Rd.
Walled Lake, MI 48390

I HAVE READ AND UNDERSTAND THE POLICY ON THE USE OF THE WALLED LAKE CITY LIBRARY MEETING ROOM AND AGREE TO ABIDE BY ITS REGULATIONS.

Printed Name: _____

Signature: _____ Date: _____
(must be signed by an adult representative)

Approved By: _____
(Library Director or Designee)

Email the completed for to admin@walledlakelibrary.org