

WIXOM PUBLIC LIBRARY
49015 Pontiac Trail
Wixom, MI 48393
248-624-2512
FAX: 248-624-0862

MEETING ROOM RESERVATION FORM

Use of the Meeting Room is subject to the Meeting Room Policy and the Customer Behavior Policy. Please read them carefully.

Date Needed: _____ Day of Week: _____ Time: _____ to _____

Name of Organization: _____

Representative: _____ Position with group: _____

Address: _____

Telephone: Business _____ Home _____

Type and subject of meeting: _____

Expected Attendance: _____ (30 maximum)

Special Arrangements: _____

My organization will be responsible for the repair or replacement of damage to the room, furniture or building. We also agree to perform any necessary cleanup. We will abide by the attached Policies and Rules for Use. The undersigned hereby indemnifies and holds harmless the Wixom Public Library Board of Trustees, the City of Wixom, and all employees thereof, from any and all liability arising from the use of the premises.

Signature: _____ Date: _____

OFFICE USE ONLY

Approved _____ Rejected _____ Reason: _____

Library Staff: _____ Date: _____ Notified: _____