



Ocean County Library

Connecting People... Building Community

[www.theoceancountylibrary.org](http://theoceancountylibrary.org)

732-349-6200

APPLICATION FOR USE OF MEETING ROOM SPACE

Please return this form to the library branch where you would like your meeting/event held.

Information for Library branches may be found at this link:

<http://theoceancountylibrary.org/Branches/branches.htm>

ORGANIZATION _____

Name (individual applying) _____

Street _____ **City** _____ **State** _____ **Zip** _____

Phone # _____ **ext.** _____ **Email** _____

Events must take place during regular library hours.

Event Date(s) _____ **Event Time(s)** Start _____ End _____

Event Description _____

Estimated # Attending _____

Your organization is responsible for meeting room set-up and breakdown. OCL does not provide refreshments. Tables, chairs, lectern, microphone, DVD/VCR may be available for your use. Equipment requests must be made in advance.

Please list equipment needs: (Example: 4 tables & 16 chairs, 50 chairs & lectern, etc.)

My organization is located: **IN** **OUT of** Ocean County **AND** is a: Non-Profit Government Business

My **Non-Profit/Govt. group** is within library guidelines of a **maximum of six** uses per year: YES NO

OR My **Business** is within library guidelines of a **maximum of two** uses per year: YES NO

Organizations located in Ocean County may use library space FREE of charge.

Organizations located **outside of Ocean County** please include a **fee of \$50.00 (per use)** payable to Ocean County Library.

The policy and application may be found at this link:

http://theoceancountylibrary.org/Services/policies-fees-forms#all_des546

Use of library space does not indicate OCL sponsorship of your event.

I have read and agree to comply with this application and the policy of the Library Commission regarding the use of library space:

Signature _____ **Date** _____

Print Name/Position _____

FOR LIBRARY USE ONLY

Date Request Rec'd _____ Date Confirmed _____ By Staff (Initials) _____

Staff Contact: Name _____ Branch/Department _____ ext# _____

Name of Space Reserved _____ Branch _____

Notes _____