

www.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	Cit	City		Zip
Phone #	ext	Email		
Eve	nts must take place	during regular librar	y hours.	
Event Date(s)	Ev	ent Time(s) Start_	Er	nd
Event Description				
		Es	stimated # Atte	nding
Tables, chairs, lectern, microphone, Please list equip	DVD/VCR may be availa ment needs: (Example:			
My organization is located: IN []		•		
My Non-Profit/Govt. group is with OR My Business is within				
Organizations located Organizations located outside of Oc				
	policy and application	•		
	eoceancountylibrary.o pace does not indi			vont
•	•	•		
	nd agree to comply ary Commission re		-	
Signature	-		Date	
Print Name/Position				
	FOR LIBRA	ARY USE ONLY		
Date Request Rec'd	Date Confirm	ned	By Staff (Initial	s)
Staff Contact: Name		Branch/Departmentext#		
Name of Space Reserved		Bra	anch	
Notes				