

Community Room Use Application

Name:	Date:
Address:	Phone:
	ID Type □Library Card
	□ Driver's License □ State ID
ID:	□Other
Email:	
Date & Time Needed	
Date:	Time:
$\ \square$ \$25 fee for Community Room use, refundable <i>only</i> with	24 hours cancellation notice
\$ non-refundable fee for Community Room use	(with Board permission)
\$25 cleaning deposit, refundable	(on inspection of rooms)
☐ \$10 key deposit for use outside of library hours, refundable	(on return of key)
☐ This is a recurring meeting on (the)day	of the □week □month
I acknowledge that I am responsible for the clean and intac public restrooms and the furniture and equipment therein return of the key (if applicable) within 24 hours of end of cleaning deposit is forfeit and I shall be charged \$25 per I necessary to clean the Community Room and restrooms show condition. The key deposit is forfeit if I am unable to ret responsible for any loss or damage to persons or belongings of	when I leave the library, and the use (not counting Sunday). The nour after the first hour of time ald the rooms be in unacceptable curn the key. The Library is not
Patron Signature	Date
Staff Signature	Date
1804 Sunset Dr. Dorr, Michigan 49323 (616) 681-9678	dorrlibrary.mi@gmail.com