SCIO MEMORIAL LIBRARY BUILDING/PROPERTY USE FORM:

Name/Group/Organization Requesting use of Scio Memorial Library Building/Property:

_____

Date(s): _____Time(s)_____

Contact Person(s): _____

Address/Phone number of contact person: _____

_____

Area Requested Circle: Small Meeting Room Building Outside Area

Brief Description of purpose of the use of the facility and expected attendance: _____

_____

_____

_____

_____ I have read the Scio Memorial Library Building/Property use Policy and will comply with its requirements. I am authorized by my organization to sign this agreement.

Signature: _____ Date: _____

Printed Name: _____ Title/Position: _____

To be completed by Library Staff:

Was Building/Property Use Policy signed by Name/Group/Organization: Yes No

Date/ Time/ Contact Person filled out above: Yes No Was request: Approved Denied

If Denied, state why: _____

_____

Key arrangements: No key Key: _____

Library Staff Signature: _____Date: _____

After meeting/event check list to be completed by Library Staff:

Was the building left in the same way the building was left: Yes No

If not, explain any problems damages._____

_____

Library Staff Signature: _____Date: _____