

**APPLICATION FOR LOUTTIT LIBRARY MEETING ROOMS:**  
***Community Center, Small Activity Room & Large Activity Room***

Name: \_\_\_\_\_ Library Card # **REQUIRED:** \_\_\_\_\_

Your address: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_ Home/Other phone number: \_\_\_\_\_

Room request for:  I am the *Responsible Party* for a **Nonprofit Organization** or **Community Group**:

Group Name: \_\_\_\_\_ Group's Federal Tax ID# \_\_\_\_\_

I would like to host a **Private Party\*** (See fees below)

**Other**, please describe: \_\_\_\_\_

Date Requested: / / Start Time: : End Time: :

List ALL activities planned for the space:

\_\_\_\_\_  
\_\_\_\_\_

**NO FOOD OR BEVERAGES OTHER THAN WATER ARE PERMITTED IN THE ACTIVITY ROOMS.**

*Louittit Library Meeting Spaces may only be used in accordance with the attached policies. All requests are subject to approval by the Louittit Library Board of Trustees. Reservations may be cancelled at anytime to accommodate entities conducting official business for the Town of West Greenwich. Applicant acknowledges receipt of a copy of the attached policies and agrees to their terms. I, the undersigned, have reviewed and agree to all Meeting Room policies and terms of use.* Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>TO BE COMPLETED BY STAFF ONLY:</b>	<input type="checkbox"/> W.G. Resident	<input type="checkbox"/> Out of Town Resident	<input type="checkbox"/> <\$10 Fines
<b>Designated space:</b>	<input type="checkbox"/> Activity Room Small	<input type="checkbox"/> Activity Room Large	<input type="checkbox"/> Community Center

<b>*FEES:</b> There is a required donation of \$150 ( <i>nonrefundable cash or check</i> ) and a \$50.00 damage deposit ( <i>refundable, check only,</i> ) for use of the <b>Community Center</b> . Rooms will not be calendared until both fees have been paid, and the application and policies have been reviewed and signed.	
Donation <input type="checkbox"/> CASH or Check # _____	Damage Deposit Check# _____
<i>(The Donation may be made in cash or by check the Damage Deposit is payable by Check only)</i>	

Date Received: _____	Date Calendared: _____	Staff Initials _____	06/18/24
----------------------	------------------------	----------------------	----------