



800 S. Bartlett Rd.
Bartlett, IL 60103
630.837.3560
www.bartlettlibrary.org

BARTLETT PUBLIC LIBRARY DISTRICT MEETING ROOM USE POLICY CONTRACT

By his/her signature below, the applicant affirms that he/she has read and understands the foregoing Bartlett Public Library District Policy for Meeting Room Use (consisting of 4 pages) and agrees that he/she is responsible for ensuring that each member of his/her group is aware of and abides by these rules.

Applicant/Contact Person: _____ (printed)

_____ (signed)

Library Card Number: _____

Group or Organization Name _____

Phone: _____

Email: _____

Address (group): _____

1. Will the meeting be of educational, cultural, or civic nature? (Please circle)

2. What is the purpose of your meeting?

3. Will you have recurring monthly meetings? Yes | No (please circle)

4. Will light refreshments be served? If so, please state: _____

5. How many individuals do you expect at your meeting? _____

For questions, comments, or concerns, you may reach out the Adult Services Manager and/or Library Director at bpldadult@bartlettlibrary.org

FOR ADMIN ONLY:

Approved: _____

Date: _____