# OAKLAND PUBLIC LIBRARY
## MEETING ROOM APPLICATION FORM

<table>
<thead>
<tr>
<th>Date of Application:</th>
<th>Date Received:</th>
<th>Staff Initials:</th>
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### ORGANIZATION

**Name of Applicant:**

**Organization:**

**Address:**

**Phone:**

**Fax:**

☐ For Profit  ☐ Non-Profit

**Purpose of Organization:**

### PROGRAM

**Description of Program:**

**Name of speaker:**

**Do you plan to distribute literature?**  ☐ Yes  ☐ No

If yes, please describe or enclose a sample.

**Expected Attendance:** [___] (Fill in number)

### SCHEDULING INFORMATION

**Day of the week and time requested**

(Include set up & clean up):

**Dates requested:** (Please provide each calendar date. Attach a list if additional space is required.)

### REQUIREMENTS & APPROVALS

**Deposit Required:**  ☐ Yes  ☐ No  **Amount:** [__________]  **Date Received:** [__________]

**Fee Required:**  ☐ Yes  ☐ No  **Amount:** [__________]  **Date Received:** [__________]

**Proof of Insurance**

**Insurance Carrier**

**Policy Number**

**Request Approved:**  ☐ Yes  ☐ No  **Date:** [__________]

**Organization Notified of Board Decision**

**Date:** [__________]  **Staff Initials:**

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By signing below I acknowledge that I have read, understand, and will abide by the Oakland Public Library Meeting Room Rules & Regulations as well as the Oakland Public Library Behavior Policy.

**Applicant’s Signature:** [________________]  **Date:** [__________]