

**THAYER MEMORIAL LIBRARY
MEETING ROOM APPLICATION**

Date of Application _____ Is this a Town sponsored event? ____ Yes ____ No

IF "NO" APPLICANT MUST PROVIDE PROOF OF LIABILITY INSURANCE.

Name of Organization: _____

Purpose of Request: _____

Contact Person: _____

Contact's Address: _____

Contact's Home Phone: _____ Contact's Work Telephone: _____

Contact's email address: _____

Room Requested:

Nathaniel Thayer Dexter Meeting Room (attendees _____)

Library Trustee Meeting Room (attendees _____)

Date the room is needed: _____ Hours needed: _____

Will use of the kitchen be needed? ____ Yes ____ No

Will refreshments be served? ____ Yes ____ No

If so, what type? _____

If your meeting occurs or it ends while the Library is closed do you understand and can you apply the
**THAYER MEMORIAL LIBRARY'S MEETING ROOM OPENING
AND CLOSING PROCEDURES?** ____ Yes ____ No

If you answered the above question with "No" please request to see the **THAYER MEMORIAL LIBRARY'S MEETING ROOM OPENING AND CLOSING PROCEDURES** from staff. If further explanation is needed please ask to speak with the Director or Assistant Director.

Does the contact person know how to operate a beeper? Yes No

Does the contact person possess a cellular telephone? Yes No

I have read the Thayer Memorial Library Meeting Room Policy and I agree that my group or organization will abide by its provisions. I further attest that I am an authorized representative of the group, agree to insure that the group conforms to the provisions of the policy, and assume responsibility for any non-compliance.

INDEMNIFICATION: In consideration of being permitted to use the Thayer Memorial Library meeting room facilities for the purposes stated herein, the Applicant hereby agrees to hold harmless the Town of Lancaster, its officers, boards, agents and employees from any loss, damage, cost, charge, expense (including reasonable attorney's fees) or claim for injury to person or property, which the Applicant may have or incur as a result of its use of the Town's property for this limited purpose on the specified date, except for any such loss, damage, cost, charge, expense or claim resulting from the negligent or willful acts or omissions of the Town of Lancaster, its employees, agents, servants and contractors.

By signing below the applicant agrees to pay any damages resulting from the use of the meeting room as assessed by the Board of Trustees.

Signature of authorized contact person:

Name _____ Date _____

Approved Yes No Date _____

The following codes are provided for the expressed purpose of accessing the Library's meeting room on _____ and are only to be utilized by the applicant who signed the original meeting room use policy. The following information shall not be shared with any other person at any time without the prior consent of the Library Director. If for any reason the Library's security is compromised due to the mishandling of this document or the information it contains, the applicant will notify the Library immediately.

Signature of Applicant _____ Date _____

Entrance Code _____ Alarm De/Reactivation Code _____