



201 W. Locust Street
Lodi, CA 95240

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Meeting Room Application/Use Permit

Name of Organization _____

Name of Applicant _____

Address _____ City _____

State _____ Zip _____ Phone _____

Fax _____ E-Mail _____

Nature/Purpose of Program _____

Estimated Attendance _____ Equipment needed _____

Date(s) of Use _____

Time(s) of Use _____

Reservation Time (Including Setup and Cleanup Time, if needed) _____ Hour(s)

Room Assigned (**Staff Use Only**) _____

I, the undersigned, do hereby declare under penalty of perjury, that I am an officially delegated representative of the above mentioned organization or individual, and have the power and authority to legally bind the same. On behalf of said organization or individual, I do hereby acknowledge that I have received copies of and read the Meeting Room Use Policy and Meeting Room Rules and Reservation Procedures documents concerning use of the meeting room. On behalf of said organization or individual, I do hereby agree to the conditions set forth in the Application/Use Permit form, the Meeting Room Use Policy and the Meeting Room Rules and Reservation Procedures.

We hereby agree to, and shall hold the City of Lodi, the Lodi Public Library, its elective and appointive boards, officers, agents and employees, harmless from any liability for damage or claims for damages for personal injury, including death, as well as from claims for property damage which may arise from our occupancy or use of the building. We agree to be responsible for all damage to Library property resulting from our use or occupancy.

Executed this _____ day of _____, 20____, at Lodi, California.

Signature of Applicant

Date

Signature of Granting Authority

Date