

Library Hours:

**Regular Hours (Labor Day-Memorial Day)**

Mon—Thurs 10:00 a.m. – 8:00 p.m.

Friday 10:00 a.m. – 6:00 p.m.

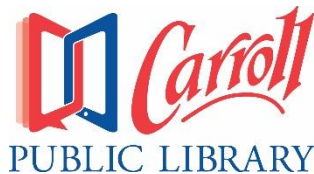
Saturday 10:00 a.m. – 5:00 p.m.

**Summer Hours (Memorial Day-Labor Day)**

Mon—Thurs 10:00 a.m. – 7:00 p.m.

Friday 10:00 a.m. – 6:00 p.m.

Saturday 10:00 – 2:00 p.m.



Carroll Public Library

118 E 5<sup>th</sup> St

Carroll, IA 51401

P: (712)792-3432 F: (712)792-0141

info@carroll-library.org

**Carroll Public Library Meeting Room Application**

Complete and return application to the Carroll Public Library in person or by email or fax prior to the meeting.

Is your group a non-profit organization or citizen group? YES NO	
Name of Organization:	
Purpose of Meeting:	
Number of Attendees:	
Date of Meeting:	
Time of Meeting: From:	To:
Contact Person:	
Position in Organization:	
Address:	
Phone:	
Email:	
(If applicable) \$30 per hour rate X ____ number of hours = ____ Total Fee	
\$250 refundable deposit. Date received: Check #:	

Room Requested:

	Maximum Occupants	Amenities
Community Meeting Room	40 seated at 10 tables or 50 seated in theater style	Tables, chairs, projector with screen

**Please Initial**

☐ I hereby acknowledge that I have read and agree to follow the Carroll Public Library Meeting Room Policy.

☐ I agree to be responsible for all costs and damages that occur to the room, its contents, and furniture/equipment beyond normal vacuuming and trash removal.

☐ I hereby acknowledge I am responsible for returning the room to original configuration and exiting the room 15 minutes prior to library closing time.

**Misrepresentation of the above data or failure to abide by the library's policies will be cause for denial of further use of the meeting room.**

Contact signature: \_\_\_\_\_ Date: \_\_\_\_\_

Library Use Only: Approved by \_\_\_\_\_ Date: \_\_\_\_\_ Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Special Notes/Instructions: \_\_\_\_\_