MILLER LIBRARY – HAMDEN PUBLIC LIBRARY

**2901 Dixwell Avenue, Hamden CT 06518**

# MEETING ROOM APPLICATION

**(\*Fill out application completely. Please print clearly.\*)**

**DATES REQUESTED: ROOM REQUESTED:**

**Friends Room (2nd floor, cap 32):**

**Tutor Room (3rd floor, cap 4):**

***Note: All meeting rooms at Miller***

**All *Library branches are wheelchair-accessible*.**

|  |  |  |
| --- | --- | --- |
| **EVENT TIME: *from:*** | **to*:*** | **SET-UP TIME:** |

|  |
| --- |
| SPONSORING ORGANIZATION: |

|  |  |
| --- | --- |
| Address: | Zip: |

|  |
| --- |
| EVENT: |

|  |
| --- |
| Est. attendance: |

|  |  |
| --- | --- |
| Set-up requested (Friends Rm only): # of chairs: | Chairs positioned at tables? |

|  |  |
| --- | --- |
| Additional table near door? | Chairs in rows with table at front? |

**You must receive a confirmation of these dates from the Business Manager. Completing this form does not guarantee that the room is available. “Groups” must supply an insurance certificate unless their event is sponsored by the Town of Hamden.**

**YOUR NAME (printed clearly please) PHONE EMAIL**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |
| --- | --- |
| Signature: | Date: |

|  |
| --- |
| Name of person in attendance, if different from above: |

**Return completed application to Miller Library (reference desk or business office). fax: 203.287.2685.**

**Questions? Contact Cindy Altieri: Voice: 203.287.2686 x3 or email caltieri@hamdenlibrary.org**

**::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::**

|  |  |  |
| --- | --- | --- |
| LIBRARY USE ONLY | Date received: | Applicant notified: |

|  |  |  |  |
| --- | --- | --- | --- |
| Approved: | Denied: | Reason denied: | Signature, |

|  |  |
| --- | --- |
| Library Staff: | Date: |

*Revised 8.16.19*