

We hope you had a good experience in our community room. If there are any problems, please bring them to our attention.

Bloomfield-Eastern Greene County Public Library
Request for Community Room Use

In January of each year, groups need to fill out a new form to keep us up-to-date.

Name of Group or Individual Requesting Community Room Space:

Contact person representing the group:_____

Phone Number:_____

E-Mail:_____

Address:_____

Type of meeting:_____

Date and time of meeting:_____

If reoccurring, please state frequency:_____

Number of persons expected to attend:_____

X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X

Statement of Responsibility

I have read the policy for the community room use and agree to abide by all of the regulations outlined in that policy.

Signature:_____ Date:_____