

**MEETING ROOM
USE AGREEMENT**

Organization Name (Print) _____

Organization Contact Person

Name _____

Email _____

Telephone *Daytime* _____

Evening / Weekend _____

Are you a 501(c)(3) organization? Yes No

If yes, please provide a copy of your 501(c)(3) documentation with this form,
and provide your organization's taxpayer ID #: _____

I have read and understand the meeting room policy and regulations provided and accept full responsibility for compliance with them:

Applicant Signature _____

Applicant Name (Print) _____

Applicant Email Address _____

Applicant Telephone _____

Date _____

Please return this agreement form (with a copy of your 501(c)(3) documentation, if applicable) to the Administration Department either by fax (732-726-7080), by email (roomreservations@woodbridgelibrary.org); or by mail to Woodbridge Public Library, Attn: Library Administration, 1 George Frederick Plaza, Woodbridge, N.J. 07095.

Only confirmed meeting room reservations for specific dates and times entitle an organization to use a meeting room. Confirmation will be by email or telephone to the applicant. **No unconfirmed meetings are permitted on library premises, without the express approval of Administration.**

Library employees do not have the authority to override this policy to make a meeting room available to any organization not on the meeting room schedule, even if a meeting room is not in use.