

**ST. PETERSBURG PUBLIC LIBRARY  
APPLICATION FOR USE OF MEETING ROOM SPACE**

**Please print this application, complete it, and return it to the appropriate branch.  
Thank you.**

**Organization:** \_\_\_\_\_

**Purpose of Meeting:** \_\_\_\_\_ **501 (c)(3) :** # \_\_\_\_\_

**Expected Attendance:** \_\_\_\_\_

**Facility Requested:**

Johnson Branch 1059 18 Ave S. \_\_\_\_\_  
Main Library, 3745 Ninth Ave N. \_\_\_\_\_  
Mirror Lake Branch, 280 5 St. N. \_\_\_\_\_  
North Branch, 861 70 Ave N. \_\_\_\_\_  
South Branch, 2300 Roy Hanna Dr. S. \_\_\_\_\_

**Please contact your chosen facility to  
discuss any special equipment requests.**

*All facilities offer wireless Internet connectivity.  
Computer equipment and LCD projectors  
cannot be provided.*

**Date (s) Requested** \_\_\_\_\_ **Day of the Week** \_\_\_\_\_ **Start Time** \_\_\_\_\_ **End Time** \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

*(After your 5<sup>th</sup> meeting, additional reservations may be booked if space is available.)*

Brief description of materials/literature \_\_\_\_\_  
to be distributed/displayed: \_\_\_\_\_

**Group Contact Person:** \_\_\_\_\_ **Position in Group:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Contact's Phone:** \_\_\_\_\_ **Alternative Contact's Phone:** \_\_\_\_\_

***My organization has read and agrees to the terms of conference room use as outlined in the St. Petersburg Public Library's Policy Manual. We will be responsible for the repair or replacement to the room, furnishings, and/or equipment. We also agree to perform any necessary set-up and clean-up.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**STAFF USE:**

**Date Application Rec'd:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Room(s) Assigned:** \_\_\_\_\_

**Denied** \_\_\_\_\_ **(Reason for Denial:** \_\_\_\_\_ **)**

**Additional Notes:**