



Request For Use of the Community Rooms

This form may be submitted up to three months prior to date of request.

Name of Organization _____

Purpose of Meeting _____

Date Requested _____

Time Requested _____: _____ am \ pm

- The room must be resettled and vacated fifteen minutes before library closing time.

Room Requested: Barbara M. Ireland Community Room _____ Conference Room _____

Number of People Expected _____

- May not exceed **85** for the Barbara M. Ireland Community Room
- May not exceed **12** for the Conference Room

Organization Contact Person Information:

Name _____

Address _____ State _____ Zip _____

Phone Number _____ - _____ - _____ E-mail _____

Please read and retain for your records a copy of the application and the Community Rooms Usage Policy. You may print this application and mail to the Chili Public Library, 3333 Chili Avenue, Rochester, NY 14624, apply in person at the library, or fax it to 889-5819.

By signing below, you confirm that you have read and agree to abide by the regulations set forth in the Community Rooms Usage Policy and further agree to assume full responsibility as outlined therein.

Signature

CHILI PUBLIC LIBRARY
3333 CHILI AVE ROCHESTER, NY 14624
585.889.2200
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