

Meeting Room Statement of Responsibility

As listed in the Meeting Room Policy of the Coffey County Library, there may be a fee for the use of the branch library meeting rooms. These fees are charged to offset utility costs and not as a profit-making venture.

This form must be filed with the branch librarian and the fee paid (if applicable) prior to the issuance of the meeting room key or the occupation of the meeting room.

Organization _____

Contact Person Name: _____

Address _____

Phone (h) _____ **(w)** _____

Date needed: _____ **Time:** _____ **to** _____

Equipment Needed: _____

Please initial

_____ I agree I am responsible to pay the usage fee in advance \$ _____ and obtain and return the meeting room key as agreed upon herein. I understand if I do not return the key as specified I will be responsible for the cost of replacing both the lock and the key.

_____ I agree I will abide by the Meeting Room Policy of the Coffey County Library. I have read and understand the policy.

_____ I agree I will not use candles, incense or other smoke or flame producing devices, including barbeques and birthday candles, in the library or on the library grounds.

_____ I agree not to remove any library displays from the walls even if it conflicts with my use of the room. Priority is given to library events, programs, and displays over all other meeting room use including use by individuals and other organizations.

_____ **I agree to accept responsibility for the equipment in the room (tables, chairs, and electronics)**

_____ I agree to see that the tasks on the meeting room checklist are completed after the meeting. (Sample checklist on back)

Signature: _____ **Date:** _____

Print Name: _____

Librarian's Initials: _____ **Paid:** _____ **Date:** _____

MEETING ROOM CHECKLIST

Organization _____ **Meeting Date** _____

Contact person _____

Phone (h) _____ **(w)** _____

Number of people attending event _____

_____ Chairs returned as found prior to event

_____ Tables returned as found prior to event

_____ Trash in receptacle provided

_____ Food from this event removed from refrigerator

_____ Counters cleaned

_____ Bathroom lights turned out

_____ Meeting room lights turned off

Branch Specific issues:

No smoking statute # K.S.A. 21-4009

No alcohol statute # K.S.A. 41-719

Please give this sheet to a staff member or leave it in the meeting room at the conclusion of the event. Thank you for using the library.