

*Reiher Family Meeting Room Application  
West Caldwell Public Library*

Date of application: \_\_\_\_\_  
Name of individual filing application: \_\_\_\_\_  
Name of organization: \_\_\_\_\_  
Address of organization (*should match tax exempt form*):  
\_\_\_\_\_  
\_\_\_\_\_

Are you a non profit? Y N

Date of meeting: \_\_\_\_\_  
Time of meeting: \_\_\_\_\_  
Type of meeting: \_\_\_\_\_  
Expected attendance: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Fee Schedule (circle one)**

Full payment is required at the time of application. The date is considered open until payment is received. The Reiher Family Meeting Room is reserved for a minimum of two hours.

- **Nonprofit Group, West Caldwell based**
  - No charge
- **Nonprofit Group, Outside West Caldwell**
  - \$50 for the first hour, \$25 for each additional hour
- **Private Group, West Caldwell based**
  - \$100 for the first hour, \$25 for each additional hour
- **Private Group, Outside West Caldwell**
  - \$100 for the first hour, \$50 for each additional hour

Circle requested equipment:

- Kitchen \$35
- Projection system \$25
- Piano \$25

It is hereby understood and agreed that if this application is granted, the undersigned will assume all and exclusive liability for the preservation of order and the sole and exclusive liability for any injury to persons and any damage to, or loss of property that may result from this use and for the due observation of all regulations of the Board of Trustees. It is also understood that in case of any emergency, such as severe snowstorms when use of sidewalks, driveways and parking areas may not be available, it is the responsibility of the undersigned to determine whether or not the event will be cancelled and if this is so, the Library should be notified immediately. If the Library closes due to weather or another emergency, the authorized representative from the organization will be contacted as soon as this decision has been made.

I will be in attendance and will serve as the designated representative of this organization.

Signature: (Executive Officer or Designated Representative) \_\_\_\_\_

Checks should be made payable to the West Caldwell Public Library

Please return the completed application to:

Samantha McCoy, Library Director

West Caldwell Library

30 Clinton Road

West Caldwell, NJ 07006

#### FOR LIBRARY USE ONLY

Date Application Received:

Approved by:

Fee Paid:

Room & Equipment Checked for Condition:

Returned:

Date of Approval:

*Approved 05.15.19*