

Montville Township Public Library 90 Horseneck Road Montville, New Jersey 07045

Monday – Thursday 9:00am to 9:00pm Friday 9:00am to 5:00pm Saturday 9:30am to 5:00pm Sunday 1:00pm to 5:00pm

APPLICATION FOR USE OF FACILITY BY MONTVILLE TOWNSHIP NON-PROFIT ORGANIZATIONS

ame of organization/group:		
ponsor or contact person:		
Address:		
Telephone (day): (evening)		
Iternate contact person:		
Address:		
Telephone (day): (evening)		
urpose or function of organization/group:		
surance Certificate (naming Township of Montville as additional insured)		
Not Required Required Expiration date:		
Description of proposed program:		
ame of guest speaker (if applicable):		
ate(s) requested:		
ours requested (include time for set-up and clean-up):		
From: To:		

Facility required:	Conference Room (capacity 40)
	Pio Costa Auditorium (capacity 130)
	Lobby (capacity 40)
Equipment Required:	Hand Microphone
	Rear-Screen Projector
	Small Screen
	CD/DVD Player
	☐ VHS Player
	Laptop
USE OF LIBRARY FAC	CILITY AGREEMENT:
Your cooperation is app	preciated
1. No alco	oholic beverages are permitted
2. Only tv	vo electric coffee pots can be plugged in at the same time in the three rooms
•	roup may reconfigure tables and chairs; however, all furniture must be returned inal configuration at conclusion of meeting
4. Equipn	nent utilized must be returned
5. All area	as should be cleaned and in order prior to leaving the facility
	requested must be adhered to in order to avoid scheduling conflicts and to the building
	g room check list must be completed and returned to a staff member when gthe facility
8. Exterio	or doors must be pulled shut upon exiting the building
I am an authorized repr terms of the Use of Fac	resentative of and I agree to abide by these cility Agreement.
Print or ty	pe name of applicant Signature of applicant Date
Approved	i
Township	of Montville