Application Date:	Total Att:
Dobbs Ferry Public Library Meeting Room Use Request Form  Please Print  Room Requested (please check):  Community Periodicals Conf	erence
Applicant's Name:	
Mailing Address:	_
Contact Phone #:	
Email:	<del>_</del>
Date of Event:	
EVENT DETAILS Title/Description:	
Start Time:am/pm	t-up/Take-down)
Expected # of Attendees:	
Refreshments (Community & Periodicals Rooms only):  YES NO Coffee pot Refrigerator *Applicant is responsible for cleaning up.	
Equipment required:  # Tables # Chairs	Piano

## **SECURITY DEPOSITS**

Any organization using library facilities must pay a (*refundable*) security deposit of \$50.00. Additional security deposit: \$100.00 for use of A/V equipment and \$100.00 for use of piano. We accept cash or check (payable to Dobbs Ferry Public Library).

**RENTAL FEES:** Due no later than one week before event

	Regular Pricing				Discount for Friends of DFPL Members*			
	During Library Hours		After Library Hours		During Library Hours		After Library Hours	
Rental	First 3	Additional	First 3	Additional	First 3	Additional	First 3	Additional
Space	hours	cost/hour	hours	cost/ hour	hours	cost/hour	hours	cost/ hour
Community	\$90.00	\$30.00	\$180.00	\$60.00	\$75.00	\$25.00	\$150.00	\$50.00
Periodicals	N/A	N/A	\$400.00	\$100.00			\$300.00	\$100.00
Conference	\$30.00	\$25.00			\$25.00	\$25.00		
	for 2 hrs				for 2 hrs			

Piano rental Fee: \$20.00

\*Must be Members in good standing

All written press releases and other publicity items mentioning the Library **must be approved in advance** by the Library Director or designee in writing, no less than one week in advance of publication, posting or distribution.

All publicity not sponsored by the Library or Friends of the Library must include the following disclaimer: "This program is neither sponsored by nor affiliated with the Dobbs Ferry Public Library."

The Library does not have custodial services available to clean the facilities or open and close the building after library hours. Applicants are responsible of set up and clean up of facility used, and for restoring the facility to its original condition after completion of the scheduled activity. If, in the sole discretion of the Library Director or designee clean up is determined to be unsatisfactory, the applicant will be billed for the costs of cleaning to the extent that it exceeds the \$50.00 security deposit for clean up. However, the Library reserves the right to deduct the excess cost of clean up from any other security deposit submitted by the applicant before billing applicant directly.

I have read and understand the regulations pertaining to the Dobbs Ferry Public Library Meeting Rooms. Signing the application binds the organization and individual applicant to accept full responsibility for the requested use and to comply with all regulations governing use.

Deposit Received Date:// Amount: \$ Check #	Signature:	Da	te:/	<del></del>
*NOTE* Written Library Staff approval is required before reservation is confirmed.  **Please Return Application to:  Dobbs Ferry Public Library 55 Main Street Dobbs Ferry, NY 10522 Attn: Director  Staff Use Only  Application Approved:  Name on Check:  Payment Received Date:/ Amount: \$ Check #  Deposit Received Date:/ Amount: \$ Check #	itle:			
Please Return Application to:  Dobbs Ferry Public Library 55 Main Street Dobbs Ferry, NY 10522 Attn: Director  Staff Use Only  Application Approved:  Name on Check:  Payment Received Date:/ Amount: \$ Check #  Deposit Received Date:// Amount: \$ Check #	erson Accepting Key:	Da	te:/	
Dobbs Ferry Public Library 55 Main Street Dobbs Ferry, NY 10522 Attn: Director  Staff Use Only  Application Approved:  Name on Check:  Payment Received Date:  Deposit Received Date:  Medication Approved:  Amount: \$  Check #  Deposit Refunded Date:  Amount: \$  Check #	*NOTE* Written Library Sta	ff approval is required befo	re reservation is	confirmed.
Staff Use Only  Application Approved:  Name on Check:  Payment Received Date:  Deposit Received Date:  / / Amount: \$ Check #  Deposit Refunded Date: / / Amount: \$ Check #	F	Please Return Application to	):	
Application Approved:		55 Main Street Dobbs Ferry, NY 10522		
Name on Check:		Staff Use Only		
Payment Received Date:	Application Approved:			
Deposit Received Date:        /	Name on Check:			
Deposit Refunded Date:/	Payment Received Date:/	_/ Amount: \$		Check #
	Deposit Received Date:/	/ Amount: \$		Check #
Piano Rental \$20.00 Date Paid:/ Key Returned Date:/	Deposit Refunded Date:/	/ Amount: \$		Check #
Comments:		// Key R	eturned Date:	_//_