Dormont Public Library Keith Room Reservation Form

Date of Meeting:	_Time:	to			
Name of Organization:			For-p	rofit	Non-profit
Contact Person Information:			(CITCIO	e one)	
Name					
Phone					
Nature and Purpose of Meeting:	•				
Expected Number of Attendees	<u>.</u>	Regi	uired Number of 2 ½' x 6'	'tables:	
NOTE: I understand that my organiza replacement of equipment including understand that my organization is re	tables, chairs, kitch	en appliances, e	etc. that is damaged or missi		
hereby apply for use of the library's	meeting room and	agree to abide	by the policies furnished me		
	-				
Signature:	Date		Authorized by	-	
Special Instructions:					
special mistractions.					
Payment:					
Amount Due				c. (6 I
Total Daid		Date Receive	d d	Stat Staf	f Initials f Initials
		FOR OFFICE	USE ONLY		
Staff Report Room was left in () satisfactory con Explanation/ initials:	dition () unsatisf	factory conditio	n		
Damaged Items:					
Missing Items:					

Post-Event Cleanup Checklist

- 1) Please collapse all tables and chairs; hang the chairs on the chair rack and place the tables under the window.
- 2) Please place all disposable food items and their containers in garbage cans, and drain all liquids in the sink.
- 3) Please clean up any dirty, wet, or sticky surfaces on the tables, chairs, or the hardwood or carpeted floors, as well as on the sink and credenza surfaces.
- 4) Please clean Library-owned coffeepots, urns, or water pitchers and return them to the location where you found them.
- 5) Notify staff of any problems with spills, carpet stains, or any other problems you may encounter.

Thank you!