APPLICATION FOR MEETING ROOM USE

Petersburg Public Library
201 W. Washington St. Petersburg, Virginia 23803
(804) 733-2387
FAX: (804) 733-7972

1. Organization Name: ________________________________

2. Purpose or Mission of Organization: ________________________________
   ________________________________
   ________________________________

3. President or Representative: ________________________________
   Home Address: ________________________________
   Telephone: ________________________________

4. Request Date: _________ From: _____ am/pm To: _____ am/pm
   (If recurrent use is requested rather than a single date, please indicate; e.g., third Thursday of each month, etc.)

5. Kind of Event, Purpose: ________________________________
   ________________________________

6. Anticipated number of persons attending each meeting: _________

   * I have read the meeting room regulations and I agree to abide by the rules.

   Signature: ___________________________ Date: ___________________________

   Title: ______________________________