

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: _____