FULTON COUNTY LIBRARY SYSTEM Meeting Room Application



General Information Full Name: Name of Group/Business: Web Address (Businesses Only): Email: Phone: Library Card Number: Meeting Room Specifications			
Library Location: Estimated # of guests:			
DATE:	TIME FROM:	TO:	
DATE:	TIME FROM:	TO:	
DATE:	TIME FROM:	TO:	
*For a list of our operating hours, visit f			
Purpose of Meeting:			
(Only at the Central Library) Reque ☐ 6 ft. square table ☐ Round Table (for Library sponsored e		Quantity: Quantity:	
Chairs	•	Quantity:	
 Meeting Room Applications must be received at least two (2) weeks prior to the event. Learn more about the Meeting Room policy at www.fulcolibrary.org/meeting-rooms Read the Fulton County Library Code of Conduct at www.fulcolibrary.org/code-of-conduct The contact information above may be given to any person inquiring about this meeting. I have read the regulations governing use of the meeting rooms and the library system's Code of Conduct and agree to abide by the conditions set forth. I understand and agree that fees for damage to the facility will be assessed to my library card record. I also understand that permission to use a library meeting room does not imply endorsement of the aims, policies, or activities of any group or organization. Food or beverages are prohibited in meeting rooms and lounge areas unless permission has been granted in these designated areas by special request. Signature: Date: Date:			
	ed/Approved by:	APPROVED	☐ DENIED
NOTES:			