

**Mansfield Public Library  
Meeting Room Application**

Date of application: \_\_\_\_\_

Name of Organization (Must be a  
Non-Profit): \_\_\_\_\_

Requested program date: \_\_\_\_\_

Hours (Meetings must end 15 minutes before library closing time): \_\_\_\_\_

Purpose of the Meeting: \_\_\_\_\_

Anticipated audience: \_\_\_\_\_

**Extensive use of the kitchen is not allowed including use of the steam table. All kitchen items are the property of the Council On Aging. Please bring your own cutlery, plates, trash bags, etc.**

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

(You will receive notification by email as to whether or not your request is approved.)

Telephone number for public to call for program information: \_\_\_\_\_

Your signature indicates that you have read and are in agreement with the terms and provisions of the Mansfield Public Library Meeting Room Policy

Name (please print):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_