

Pewaukee Public Library - Meeting Room Application
INSTRUCTIONS

STEP 1 – REVIEW MEETING ROOM POLICY

The policy is located on the Pewaukee Public Library's website: www.pewaukeelibrary.org or if you do not have access to the internet, copies are available at the Circulation desk. The meeting room policy will explain classifications (categories), type of meeting, fees that are applied, and frequency.

STEP 2 – APPLICANT SECTION

Please (if possible) fill out the application electronically. **Just click on the appropriate box and either an "X" will appear or type in your information.** If the application is filled out manually, please print clearly.

EXAMPLE:

For-Profit Business, Private Clubs/Associations Club Government
 Not-for-profit Organization Scout Troop # 2335

STEP 3 – MEETING ROOM INFORMATION SECTION

- Two requests a month per group (exception for book clubs) for the Community Meeting Room.
- One request per week for the Visaya Room and the Multi-Purpose Room.
- Monthly meetings can only be requested up to six months in advance.
- Room capacities will be enforced.

STEP 4 – SIGNATURE OF APPLICANT

All applications must be signed and submitted by an authorized adult representative of the group who is a Pewaukee resident with a valid (in good standing) Waukesha county library card, and who shall attend the meeting and be personally responsible for the conduct of the meeting and for any damages.

STEP 5 – SUBMISSION

Application requests **MUST** be received at least seven (7) days prior to the meeting date to allow sufficient time for processing. Applications submitted less than seven days in advance will not be accepted.

Applications may be submitted at the Circulation or Reference Desk, faxed to 262.691.5673, mailed via US Post or emailed to pkadmin@pewaukee.lib.wi.us.

STEP 6 - APPROVAL

Once the application has been approved or not approved, the applicant will be contacted by email unless otherwise noted. Again, please print or type information (primarily for legibility). If we can't read your writing, the application will not be processed.

STEP 7 – CHECK IN & CHECK OUT

Please check-in with the Circulation desk. Once they verify your reservation, they will unlock the room. At the end of your reservation, please return the room to the way it was upon your arrival. **Please note that library equipment may not be used by groups that use the meeting room.**

Please contact the meeting room coordinator at 262.691.5670, ext 921 for further questions or changes.

Thank you!

MEETING ROOM APPLICATION

Pewaukee Public Library

For Administrative Use Only

| | | |
|---|------------------------------|---|
| Date received: | | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notified Date: | | <input type="checkbox"/> Verbal <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail |
| Fees Paid: <input type="checkbox"/> N/A <input type="checkbox"/> Yes \$ _____ | Notes / Reason not approved: | |

APPLICANT

(Pewaukee Resident and Waukesha County library card holder)

| | |
|--|---|
| Category: (click or check off appropriate box) <input type="checkbox"/> For-Profit Business, Private Club/Association <input type="checkbox"/> Club <input type="checkbox"/> Government <input type="checkbox"/> Not-for-Profit Organization, attach a copy 501(c)3, 509(a) <input type="checkbox"/> Scout Troop # | Type of Meeting: (click or check off appropriate box) <input type="checkbox"/> Open to Public <input type="checkbox"/> Closed meeting If closed, <input type="checkbox"/> Meeting Room Fee \$ 50 <input type="checkbox"/> Full Day Fee \$100 Estimated Attendance: |
|--|---|

| | | |
|----------------------|--------------------------------|--------|
| Group Name: | | |
| Purpose for Meeting: | | |
| Applicant Name: | Waukesha County Library Card # | |
| Phone: | Alt# / Cell: | Email: |
| Address: | | |

MEETING ROOM INFORMATION

Room Availability - during Library Hours Only

| | |
|--|---|
| <i>Meeting room being requested:</i> <input type="checkbox"/> Community Meeting Room (max 75 capacity) / Kitchen <input type="checkbox"/> Visaya Conference Room (max 14 capacity) <input type="checkbox"/> Multi-Purpose Room (children meetings only) / Kitchen | <i>Date(s) and Time Requested:</i> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat Setup Time: _____ Departure Time: _____ |
|--|---|

Accepting Liability of Meeting Room Use

The undersigned, on behalf of the above named organization, **has read and agrees to comply with the policies, procedures and regulations** governing the use of Library meeting rooms. The applicant shall indemnify and hold harmless the Pewaukee Public Library, its employees, and board of trustees from any damages for personal injury or property damage. The applicant assumes all and exclusive responsibility for the preservation of order and the sole responsibility for any injury to persons, damage to Library facilities or Library or personal property, or loss of Library or personal property that may result from the use of a meeting room at the Pewaukee Public Library.

Signature of Applicant: _____

Date: _____

Notes & Reminders

NOTE: This is an application, not a reservation form. No plans should be made regarding the use of meeting rooms and no advertising should be done until a written confirmation is received via email or mail. Confirmation should be received within 5 -10 working days.

If you have questions, please refer to the Meeting Room Policy, call 262-691-5670 – ext 921 or email inquiries may be sent to the address listed above.

Library equipment, installed or otherwise, is not available for use by groups that reserve the meeting room.

Library use of meeting rooms is a first priority and the Library reserves the right to cancel a reservation if the room is needed for that purpose. Whenever possible, a 24-hour notice will be given. This right will not be exercised except in urgent situations.