Middletown Township Public Library
Request for Use of Facilities

Is this request for a Saturday Evening or Sunday? Circle – Yes or No

Facility Requested: _____Community Meeting Room (with Kitchen? Circle - Yes or No )
_____Computer Training Lab
_____Board Room

Type of Organization: _____Township of Middletown Board/Commission/Agency
_____Middletown Non-Profit Organization (must provide 501c)
_____Business, Other Non-Profit

Organization_____________________________________________________________________________________

Street Address_________________________________________________________________________________

City_______________________________________________State_______Zip____________________

Telephone Number (include area code)_______________________________________________________________

Fax Number (include area code)______________________________________________________________

E-Mail Address__________________________________________________________________________________

Event Date: First choice_________________________________________Second choice___________________________Third choice_________________________________________

Note: Requests may only be made up to 30 days in advance.

Start Time of Program______________________________________________End Time of Program____________________________

Note: Library Hours are 9 a.m. to 9 p.m. Monday through Thursday; Friday and Saturday 9 a.m. to 5 p.m.; and Sunday 1 p.m. to 5 p.m. (closed on Sundays in summer) All programs must end at least 15 minutes before closing time.

Number of event participants___________________________________________

Briefly describe the program/event
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Will food/beverage be served?_____________Yes ________________No____________________________

Equipment Requested:

Community Meeting Room
_______Chairs
_______Tables (all tables are 30” x 96”)
_______Video Projector and Screen
Cart for Audiovisual Equipment
Lectern with Microphone
TV/VCR
DVD or Blu-Ray Player and Screen

Computer Training Lab
Laptop Computers
Computer Projection Equipment

Board Room
Video Projector and Screen

Note: It is the sponsoring organization’s responsibility to set up the room and to return room to original condition and to provide qualified personnel to operate any Library equipment.

Please read and sign the following:

I, ____________________________, as a representative of ____________________________, affirm that the information provided in this request is true and that I have read the library’s Meeting Rooms Policy and agree to be the responsible party. I affirm that my group or organization will accept and adhere to all the provisions of the Policy.

Signed___________________________________
Date____________________________

Note: Please do not make announcements or print materials with an event date until you have a confirmed reservation from the Library. Requests may only be made 30 days or less in advance and will not be accepted if they conflict with library programs.

Completed form may be submitted by:
Mail or In-Person
Administration Department
Middletown Township Public Library
55 New Monmouth Road
Middletown, NJ 07748
Fax 732-671-5839
Email wlatona@mtpl.org

The rental fee by cash, check or money order shall accompany the application. If payment is made by check or money order it must be made payable to the Middletown Township Public Library with the name and phone number of the person or organization requesting the room printed on the check. See the library’s Meeting Rooms Policy for room rates.

Program/Event Approved_________ Program/Event Not Approved_________
Library Official__________________________ Reason: ______Dates not available
______Does not meet guidelines
Date_______________________________ outlined in Meeting Room Policy
______Other:__________________________