

**COUNTY COMMISSION MEETING ROOM**

**REQUEST FORM**

Date Requested: \_\_\_\_\_

Meeting Time: \_\_\_\_\_ to \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

Please attach a brief description of your organization. (You may attach other printed materials.)

Please check the boxes on all that apply to your organization:

- Has previously used the library
- Is a not-for-profit organization
- Can provide a certificate of insurance
- Indemnification Form provided in lieu of certificate of insurance

By signing this Request, I acknowledge that I have read and fully understand the Jefferson County Commission Meeting Room Policy for the use of the County Commission Meeting Room located at 200 East Washington Street lower level of the Old Charles Town Library. I agree to assume personal responsibility for my organization's compliance with these regulations, the behavior of all those attending any meeting or program, and the care of the meeting room and all property within the room.

Person Making Request: (printed): \_\_\_\_\_

Signature of Person Making Request: \_\_\_\_\_ Date: \_\_\_\_\_

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

(If other than the representative signing above)

Representative's Address: \_\_\_\_\_

\_\_\_\_\_

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

E-mail:

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