

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:
