

Piscataway Public Library

Meeting Room Application

Name of organization or group:			
Organization Address:			
Is this group: Incorporated [] Non-Profit [] (check those that apply)			
Organizational purpose or mission statement:			
Purpose of meeting:			
Description of meeting content/format:			
Name of speaker (s):			
Meeting date requested:			
Time - From:		To:	
Alternate dates requested:			
1.		2.	
From:	To:	From:	To:
Library Requested: (Please check one.)			
<input type="checkbox"/> J. F. Kennedy Library; 500 Hoes Lane; Piscataway, NJ 08854; 732-463-1633, ext. 9 <input type="checkbox"/> J. W. Westergard Library; 20 Murray Avenue; Piscataway, NJ 08854; 732-752-1166, ext. 9			
Expected Attendance:			
Application Filed By:		Title:	
Address:			
Telephone:			
I have read the “Procedures and Regulations for Use of the Public Library Meeting Room,” and I accept responsibility for compliance with them. (Please click on the link and read the regulations before signing.)			
Signature:		Date:	
PLEASE NOTE: Please deliver this application, along with the Meeting Room Fee, to the Library requested. Please allow two (2) business days for your application to be processed. It is the applicant’s responsibility to check with the Library for the final status of their request.			
FOR LIBRARY USE ONLY - DO NOT FILL IN.			
Approval:		Space Available	
Rec’d: ___Check ___ Money Order ___ Cash		Initial Date:	
Check/Money Order #:		Alternate Date:	