

**Algona Public Library
Meeting Room Request Form**

ROOM(s) _____ Amount Paid: _____ Deposit: _____

Name of Group: _____

Date of Meeting: _____ Group Size (approx.) _____

Time In: _____ Time Out: _____

Purpose of Meeting: _____

Responsible Party: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Room Checked By: _____ Date Checked: _____

Assessed Damage (if any): _____

Furniture & Equipment: Dish Soap/Towels/Trash Bags are Available

Available	Requested for Meeting	Following Meeting
12 Tables		
100 Chairs		
2 - 50 Cup Coffee Pots		
1 - Hot Water Pot		
Table Service for 50		
TV/VCR/DVD		

Tables and Chairs Must be Returned to the Storage Area at the South End of Room B

Keys: Received _____ Returned: _____