



**Pleasanton Public Library
Meeting Room Application**

1. Please select meeting room:

___ Community Room (capacity: 135 people)

___ Tulancingo Room (capacity: 8 people)

2. Applicant _____ Home Phone _____ Work _____ Emergency _____

Address _____ City _____ State _____ Zip _____

3. Organization _____ Address _____ Phone _____

4. Date of Use _____ Day of Week: M T W TH F Sat Sun Hours of Use _____ to _____
(Month/Day/Year) (Please circle one) (Include set-up and clean-up time)

5. Type of Activity _____ Maximum Attendance _____

6. TV/VCR or Overhead Projector Needed: TV/VCR ___ Overhead Projector ___

HOLD HARMLESS

I certify that the above information is accurate. I certify that I have read the Pleasanton Public Library Rules and Regulations for Meeting Room Use and agree to comply with the Rules and Regulations. I further agree to be personally responsible for informing those using the facility as scheduled in the application of the Rules and Regulations of the Pleasanton Public Library. I, or organization through me, agree to be responsible for any damage sustained by the facility, equipment, or furniture during use of the facility and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to person or property of the undersigned due to use of said facility.

Applicant Signature

Organization (if applicable)

Date

Please have this application completed and in your possession at the time you are using the meeting room.