



MONTVILLE TOWNSHIP PUBLIC LIBRARY

90 Horseneck Road
Montville, New Jersey 07045

Hours:

Monday 10:00 am to 9:00 pm
Tuesday 10:00 am to 9:00 pm
Wednesday 10:00 am to 9:00 pm
Thursday 10:00 am to 9:00 pm
Friday 10:00 am to 5:00 pm
Saturday 10:00 am to 5:00 pm
Sunday 1:00 pm to 5:00 pm (Labor Day through Memorial Day)

APPLICATION FOR USE OF FACILITY

BY MONTVILLE TOWNSHIP NON-PROFIT ORGANIZATIONS

Name of organization/group: _____

Sponsor or contact person: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Alternate contact person: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Purpose or function of organization/group: _____

Insurance Certificate (naming Township of Montville as additional insured)

Not Required: ___ Required: ___ Expiration Date on Insurance Certificate: _____

Description of proposed program: _____

Name of guest speaker (if applicable): _____

Date(s) requested: _____

Hours requested (to include set-up and clean-up): From: _____ To: _____

Facility required:

Conference Room (capacity - 40) _____

Pio Costa Auditorium (capacity - 130) _____

Lobby (capacity - 40) _____

Equipment required:

Hand Microphone _____

TV _____

VCR _____

Screen: Lg/Sm _____

LIBRARY USE OF FACILITIES AGREEMENT

1. NO ALCOHOLIC BEVERAGES ARE PERMITTED.
2. ONLY TWO ELECTRIC COFFEE POTS CAN BE PLUGGED IN AT THE SAME TIME IN THE THREE ROOMS.
3. GROUP MAY RECONFIGURE TABLES/CHAIRS. HOWEVER, ALL FURNITURE MUST BE RETURNED TO ORIGINAL CONFIGURATION AT CONCLUSION OF MEETING.
4. EQUIPMENT UTILIZED MUST BE RETURNED.
5. ALL AREAS SHOULD BE CLEANED AND IN ORDER PRIOR TO LEAVING THE FACILITY
6. HOURS REQUESTED MUST BE ADHERED TO AVOID SCHEDULING CONFLICTS AND TO SECURE THE BUILDING.
7. MEETING ROOM CHECK LIST MUST BE COMPLETED AND RETURNED TO A STAFF MEMBER WHEN LEAVING THE FACILITY.
8. EXTERIOR DOORS MUST BE PULLED SHUT UPON EXITING THE BUILDING.

Your cooperation is appreciated.

I am an authorized representative of _____ and agree to abide by the terms of the Use Agreement

Print or type name of Applicant

Signature of Applicant

Date

Approved: _____

Township of Montville

Library Meeting Room Layout

