DALY CITY PUBLIC LIBRARY

APPLICATION FOR USE OF COMMUNITY MEETING ROOM

Please complete this application and deliver it in person or by fax to:

Serramonte Main Library
40 Wembley Drive
Daly City, CA 94015
Phone: 650-991-8023
Fax: 650-991-8225

Name of Organization: _____

Purpose or Goals of Organization: _____

Name of Contact Person/Primary Representative: _____
(this person or another listed representative must be present to access the meeting room)

Mailing Address: _____
                                        City   State   Zip

Telephone: _____   E-mail: _____

DCPL Card #: _____

Additional Representative: (this person can take responsibility for the meeting room on behalf of the organization)
Name: _____

Mailing Address: _____

Telephone: _____   E-mail: _____

DCPL Card #: _____

The applicant hereby agrees to hold the City of Daly City, its City Council, Library Board of Trustees, the individual members thereof, and all officers, agents, and employees free and harmless from any loss, damage, liability, and cost of defense that may arise in any way from applicant's use or occupancy of Library facilities.

I hereby certify that I have received, read, and understood the Policy for Public Use of Community Meeting Room, that the group I represent is a qualified group as described in the Policy, and that we will adhere to the rules for use of the meeting room. Further, I realize that the Daly City Public Library reserves the right to deny any application or to revoke permission previously granted. It is my responsibility to notify the Library of any cancellations on my part.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the organization for any damages sustained by the Library's buildings, furnishings, or equipment through the occupancy or use of said facilities by the applicant for this and all subsequent meetings.

Date: _____   Signature: _____

LIBRARY USE ONLY: Received by: _____

Approved: Yes ❑   No ❑   Approved by: _____