

ONTARIO CITY LIBRARY

215 East C Street, Ontario, CA 91764-4198 (909) 395-2004 FAX (909) 395-2043

MEETING ROOM USE - OVITT

Please complete th Director, a copy of business days. <i>(Plea</i> Organization:	this form will be use print legibly	returne)	d to you. A	Application p	proces	ssing rec	quires five	
Purpose of Meeting	:							
Contact person:			Email: .					
Address:								
Business Phone:								
Is your program free	e for attendees	? □Yes	□ No					
Is your program ope				□No				
Organization Type:	•	•] Othe	∋r		
Organizations Missic	on: 🗆 Educatior	nal 🗆 Cu	ultural □ Civ	vic Betterme	nt □ N	lone □0	Other	
Monday – Thursday 10:00 Friday & Saturday 10:00 Sunday – 1:00PM – 4:00 Requested Date(s)	AM – 6:00PM PM Entry / Exit Tim	e Pro	Program Start / End Time				ICE USE	
	to to		to				ole \square Yes	
	10					Availau		LI NO
Fee: Resident \$60 p Equipment Provided Seating Capacity: (d: Lectern, Retro	actable	Projection S	Screen, Table		hairs		
SUBMISSION OF AN I, the user, have read the all rules and regulations. I use and hold harmless, the Ci of any liability for personal have been sustained by the of its officers, agents or en the property of the City of no responsibility whatsoes or loss caused solely by the	Ontario Library Meet understand that failuty of Ontario, its office it injury, bodily injury ne City of Ontario or inployees, whether suffer for any property the City of Ontario or office its of Ontario or office its office its office in the contario, or loss or the contario office its	ting Room re to do so cers, agent to persons anyone in uch act is a reft of such placed on any of its a	Policy and on to will result in loss ts, employees, s, contractual licensection with a property, don the premises. gents or emploses	behalf of the org s of meeting room and volunteers f iability and dam th user's neglige his agreement or e or caused by so The provisions of byees.	anization privile rom all lage to nt acts, not; and this artic	eges. I agre loss, cost a property si errors or oi d user shal rsons. The (cle do not	ee to indemred on dexpense oustained or missions or the large of the l	nify, defend e arising out claimed to hose of any damage to irio assumes ny damage
Applicant Signatur	e:				Date:			
LIBRARY USE ONL	Y: Approved:		□ No	Institutiona Paid □			□ No	_
Director Signature		Date						