

**MEETING ROOM USE APPLICATION
WAUTOMA PUBLIC LIBRARY**

Group name: _____

Designated supervisor: _____ Phone: _____

Address: _____

Date(s) room to be used: _____ Time: _____

Purpose: _____

Fee received: _____

I, the undersigned, have read and agree to the Meeting Room Policy of the Wautoma Public Library. I agree to replace or repair any damage to the room and its contents and/or pay for any needed cleaning. I understand that the Wautoma Library recommends following CDC Guidelines concerning Covid-19. I also acknowledge that I have received a copy of the Meeting Room Policy and a copy of this Meeting Room Use Application.

Date: _____ Designated supervisor: _____

I approve this application for use of the meeting room.

Date: _____ Library Director: _____

Meeting Room Checklist

- Chairs and tables are clean and orderly
- Lights are turned off
- Trash bins are empty
- Sink is clean
- Coffeemakers are clean
- Floors are clean i.e. no confetti, crumbs, frosting, gum, etc.
- Nothing stuck or hanging on the walls or ceiling that doesn't belong
- Bathrooms are clean- no overflowing trash bins, toilets, sinks, etc.
- No damage to TV and its components
- Remotes are accounted for
- Nothing left behind

Room condition ok after use? (date: _____ staff: _____)