

**Warren County Library**  
**Application for Meeting Room Use**  
*Application is valid for the current calendar year and must be updated annually.*

**Organization/Department Name:**

\_\_\_\_\_

**Type of Organization:**

**Government**

- Warren County    Townships in Warren County (service area)    State of NJ    Federal

Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Additional Contact Person/Phone \_\_\_\_\_

**Non-Profit Group**

Based in our service area (where) \_\_\_\_\_

Members from our service area (print)

1. Name: \_\_\_\_\_

Warren County Library Card # \_\_\_\_\_

2. Name: \_\_\_\_\_

Warren County Library Card # \_\_\_\_\_

President of Group: \_\_\_\_\_

Phone number: \_\_\_\_\_

Additional Contact Person/Phone \_\_\_\_\_

Group 501(C) 3 number \_\_\_\_\_

- I have read the Warren County Library Meeting Room Policy and accept the terms of use.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Library card number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Staff Initial:

Date:

Staff Initial: Date:
-------------------------