

# Albion Municipal Library and Heritage Center

## Section 4 – Public Services

### Policy Section 4.2 - Facility and Meeting Room Rental

1. Spaces Available for Rent
  - a. Library
  - b. Meeting Rooms A & B
  - c. Heritage Room
2. Reservations and Cancellations
  - a. Made by phone, email, or in person by legal adult (18 or over)
  - b. Confirmed when deposit is paid
  - c. Must be made at least 30 days in advance
  - d. Main library can only be reserved during closed hours and must be supervised by board member or paid staff
  - e. Reservations payments and cancellations must be made at least a week prior to the event. If less than a week, the library reserves the right to retain ½ of the submitted deposit.
3. Cost
  - a. During open hours we do not ask for a reservation fee but do require a pre-paid refundable cleaning deposit (listed below).
  - b. Sanctioned library programs (ex: book or knitting clubs) will not be required to pay to use meeting rooms after hours
  - c. Library
    - i. Half day reservation is \$100 due one week prior to rental date w/ \$50 refundable cleaning deposit
  - d. Meeting Rooms A & B
    - i. \$50 per day due one week prior to rental date w/ \$25 refundable cleaning deposit
  - e. Heritage Room
    - i. \$25 per hour with w/ \$15 cleaning deposit due one week prior to rental date
    - ii. Non-profits are eligible to use this room free of charge. See library staff.
4. Expectations
  - a. Staff or board member must be present for Heritage Room or Library events
  - b. Seek pre-approval of decorations (the attaching/hanging of items in meeting space) by staff
  - c. Refreshments may be served – all supplies provided by user
  - d. All set-up is the responsibility of the user
  - e. Users shall leave meeting room neat, clean and in its original condition per cleaning checklist supplied by staff, and all trash should be bagged and left in designated receptacles
  - f. Materials or equipment owned by individual (or owned by group) may not be left or stored at the library
  - g. Admission cannot be charged to attendees for events/activities held in meeting space
  - h. Albion Municipal Library (Board of Trustees and staff) is not responsible for any equipment, supplies or materials brought in by a group or individual for the purpose of the meeting, nor for items brought in by an attendee
  - i. Albion Municipal Library (Board of Trustees and staff) does not assume liability for any group or individual in attendance at event
  - j. The fact that a group is permitted to meet at the library does not in any way constitute an endorsement

## Meeting Room A & B Key Holder Agreement

### Policy Section 4.2 (a)

Please read the Facility and Meeting Room policy before filling out the agreement. You are agreeing to facility costs and policy expectations when you sign this form. You are responsible for any added costs to the library arising from loss, damage, or excessive janitorial services.

**Date of Event:** \_\_\_\_\_ **Day of the Week:** \_\_\_\_\_ **Name of Key Holder:** \_\_\_\_\_

### Contact Information:

Address:

E-Mail:

Phone:

**Name of Group/Event:** \_\_\_\_\_

**Start Time** - allow for set-up: \_\_\_\_\_ **End Time** - allow for tear-down: \_\_\_\_\_

Approximate number in attendance during event: \_\_\_\_\_

- I, the key holder, certify I have read the Facility and Meeting Room Policy and will abide by it.
- I, the key holder, certify the Meeting Room A & B Key will remain in my possession during check-out time period and will only be used during the event times stated above.

**Key Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

### For Use by Library Personnel

Date Reserved (by phone/in person): \_\_\_\_\_ Staff initials: \_\_\_\_\_

Date of Key Holder Agreement turn in: \_\_\_\_\_

Deposit Amount and Date Received:

Rental Fee Amount and Date Received:

- *I certify that a copy of the Facility and Meeting Room Policy was given to Key Holder.* Staff initials: \_\_\_\_\_
- *I certify that required deposits have been received prior to reservation.* Staff initials: \_\_\_\_\_

Deposit Returned \_\_\_ Date \_\_\_ Staff initials: \_\_\_ Room Inspected by: \_\_\_ Date & Time: \_\_\_\_\_

- *I certify the Meeting Room A&B Key was returned.* Staff initials: \_\_\_\_\_