

Albion Municipal Library and Heritage Center
Section 4 – Public Services

Policy Section 4.4

MEETING ROOM

- A meeting room will be available to individuals or organized groups from this community.

First come – first serve. . .

Although, Library Programming takes first precedent, and City of Albion takes second.

- Room reservations are required. They must be made by an adult who will be held responsible for any damage incurred to the building or equipment. This adult will also be responsible for all children (under the age of 18 years) who will be in attendance.
 - ✓ Reservations may be made no more than 90 days in advance by telephone or in person.
- There will be no fees charged during library open hours for use of meeting space.
 - ✓ Exception: Charges will occur if room requires staff time for clean-up.
- There will be a pre-paid \$25.00 fee for “*after hours*” use – \$15.00 will be refundable, used as a cleaning deposit, and returned to payer after staff verification that meeting room condition was restored to its original state.
 - ✓ “After Hours” users agree to all points listed in Meeting Room contract, and Signature Page.

Expectations for all reservations~

- Seek pre-approval of decorations (the attaching/hanging of items in meeting space) by staff.
- Yes, refreshments may be served – all supplies provided by user.
- All set-up is the responsibility of the user.
- Users shall leave meeting room neat, clean and in its original condition.
- Materials or equipment owned by individual (or owned by group) may not be left or stored at the library.
- All trash should be bagged and left in designated receptacles.
- No smoking, No alcohol, No drug use on site.

Admission cannot be charged to attendees for events/activities held in meeting space.

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.

Albion Municipal Library (Board of Trustees and staff) does not assume liability for any group or individual in attendance at event.

The fact that a group is permitted to meet at the library does not in any way constitute an endorsement of the group’s policies or beliefs by Albion Municipal Library (Board of Trustees and staff).

Exceptions may be made by the Board of Trustees or Director if one accepts/agrees with an extenuating circumstance.

Effective Date: 2-17-15

Reviewed: 02-‘17

Albion Municipal Library and Heritage Center
Multi-Purpose Meeting Room ~ Key Holder Signature Page

Policy Section 4.4 (a)

Please read Meeting Room policy before filling out the Signature Page. You are agreeing to the policy expectations when you sign the form accepting that responsibility. Any added costs to the library arising from loss, damage, or excessive janitorial services will be your responsibility.

Date of Event: _____ **Day of the Week:** _____ **Name:** _____

Contact Information ~

Address:

E-Mail:

Phone:

Name of Group/Event: _____

(Event must be free of charge.)

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

Approximate number in attendance during event: _____

Albion Municipal Library requires the actual attendance count at the end of your event. Please leave that information on a note accompanying the return of the library key.

- As Key Holder ~ I certify that I have read the Meeting Room Policy and will abide by it.
- As Key Holder ~ I certify that the Multi-Purpose Room 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 Application turn in: _____ Deposit Received: yes - no Staff initials: _____

Event Approved ___ Not Approved ___ If not approved, the reason: _____

- I certify that a copy of the Meeting Room Policy was given to Key Holder. Staff initials: _____
- I certify that required deposits have been received prior to Key Check-out. Staff initials: _____

Deposit Returned ___ Date ___ Staff initials: ___ Room Inspected by: ___ Date & Time: _____

- I certify the Multi-Purpose Room Key was returned. Staff initials: _____