

**Application for Use of Meeting Room
Nesbitt Memorial Library
529 Washington Street
Columbus, Texas 78934
979.732.3392**

Date _____

Name of Group/Organization _____

Name of Contact Person _____
(Designated Representative-responsible for opening and closing room)

Address _____

Day Phone _____ Evening Phone _____

Cell Phone or E-mail _____

Meeting Date _____

Meeting Time (include set-up and clean-up time) _____

Approximate Number of Attendees _____

Nature of the Meeting _____

Purpose and function of the Group/Organization (please be specific) _____

I have been given a copy of the Meeting Room Policy and agree to be responsible for observance of the rules set forth in the policy and to reimburse the City of Columbus for any damage or loss that may occur as a result of the use of the facility, including cost of special cleaning services required to return the room to usable condition or of re-keying the room if the keys are not returned by 9:00 a.m. the next working day.

Signature _____

Printed Name _____

_____ Date reservation accepted and scheduled by Nesbitt Memorial Library