



**FOR LIBRARY USE ONLY:**

On Calendar: \_\_\_\_\_  
Confirmed: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Security Needed: \_\_\_\_\_  
\$ Due Room: \_\_\_\_\_  
\$ Due Security: \_\_\_\_\_  
Paid: \_\_\_\_\_  
PR Approved: \_\_\_\_\_

**TO REQUEST USE OF A MEETING ROOM:**

- Read & sign the Meeting Room Policy and Guidelines (attached)
- Submit completed application by mail to the Mount Kisco Public Library, 100 East Main Street, Mount Kisco, NY 10549, in person, by Fax to 914-666-3899 or via email to scoppola@mountkisco.library.org
- **Payment for room rental and Security Personnel is due in full within five (5) business days of confirmed rental or the reservation may be cancelled**

QUESTIONS MAY BE DIRECTED TO THE LIBRARY DIRECTOR OR BUSINESS MANAGER AT 914-666-8041

Date of Application: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person (please print): Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

You will receive an email confirmation regarding meeting room availability

Phone Number: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time Needed (including set up and break down time): \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

**Room Requested:** Community Room (See Capacity)  \$100 per hour  
Conference Room (See Capacity)  \$50 per hour

**Equipment Needed:** Projector & AV  \$50  
Piano  \$50  
Security Deposit (Refundable)  \$150

Public Event  Private Event

Briefly describe the purpose of your event: \_\_\_\_\_

\_\_\_\_\_

Number of Tables Needed: \_\_\_\_\_ Number of Chairs Needed: \_\_\_\_\_

List equipment, supplies, and refreshments being provided by organization: \_\_\_\_\_

\_\_\_\_\_

By signing below, I am acknowledging I have **read and understand the policies & rules** for the use of the meeting rooms and facilities of the Mount Kisco Public Library.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print)