St. Petersburg Public Library APPLICATION FOR USE OF MEETING ROOM SPACE

Please print this application, complete it, and return it to the appropriate branch. Thank you.

Organization:	501 (c)(3) :			
Purpose of Meeting:		Expected Attendance:		
Facility Requested: Johnson Branch – 1059 18 th Ave. S Phone: 893-7113 Fax: 821-4845 Main Library – 3745 9 th Ave. N		Please contact your chosen facility to discuss any special equipment requests. All facilities offer wireless Internet connectivity. Computer equipment and LCD projectors cannot be provided.		
Phone: 893-7724 Fax: 892-5432 Mirror Lake Branch – 280 5 th St. N Phone: 893-7268 Fax: 821-4975 North Branch – 861 70 th Ave. N Phone: 893-7214 Fax: 522-6902 South Branch – 2300 Roy Hanna Dr. S Phone: 893-7244 Fax: 864-2470				
Date (s) Requested	Day of the Week	St	art Time	End Time
Brief description of materials/literat				
to be distributed/displaye Group Contact Person:	ed:			
Street Address:				
Primary Contact's Phone:	Alternative	Contact's Phone:		
My organization has read and a Petersburg Public Library's Polic room, furnishings, and/or equipm	y Manual. We will be res _k	oonsible for the repair	or replacei	ment to the
Signature:		Date:		

Denied (Reason for Denial:				
Additonal Notes:				