

401 N. Douty Street Hanford, CA 93230 (559) 852-4005

## LIBRARY MEETING ROOM APPLICATION

## **PLEASE PRINT**

Name of Organization			Name of person filing application
Address			Daytime Telephone Number
Pleas	e describe the	Nature of the Pla	anned Meeting:
Date Requested:			
Time Requested:			
Anticipated Number in Attendance:			
4			CAREFULLY READ THE FOLLOWING:
1.			<mark>50.00</mark> for four hours; and an additional <mark>\$15.00</mark> per hour for
2.	anything over four hours (up to 8 hours.)  Occupant load of the meeting room is not to exceed 50 persons.		
3.	Users of the meeting room must supply their own audio/visual, or any other special equipment.		
4.	The meeting room MUST be cleared 30 minutes prior to the library closing (Monday-Thursday at		
	5:30 p.m., Friday-Saturday at 1:00 p.m.). Please see our webpage for hours of operation. Usage		
	-		approved on a case-by-case basis.
5.	. Meeting room fees will be waived for Kings County agencies only.		
6.	· · · · · · · · · · · · · · · · · · ·		
			on is received less than 48 hours prior to the reservation.
7.		· ·	o use of the Meeting room. We accept cash, check or money order
0	• •	e to: Kings Count	•
8.	Please mail completed Application and Fees to: 401 N. Douty St		
		Hanford, CA	
		Attention: Far	
	_	_	et forth in the attached Kings County Library's Meeting & Facility
Us	e Policy. I am	also responsible	for making sure my group follows the same policy.
			Initial

Signature