

**TOPFIELD TOWN LIBRARY
MEETING ROOM RESERVATION FORM**

One South Common Street
Topsfield, MA 01983
978-887-1528 FAX 978-887-0185 mto@mvlc.org

Date of Application: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone/Cell Phone: _____

E-mail Address: _____

Meeting Date Requested: _____ *Alternative Date:* _____

Starting Time: _____ Ending Time: _____, est. time for set-up _____

Estimated Attendance: _____ *Please note: room capacity is 60 people*

Title, Subject and purpose of meeting: _____

How does this group serve the Topsfield area? _____

Equipment needed: _____

I have read the Topsfield Town Library Meeting Room Policy and Procedure and I agree to abide by the policy. I understand that I am responsible for the proper care of the room.

Signature: _____ Date: _____

Approval Signature: _____

Date: _____

All requests are reviewed and approved by the Library Director. Due to the high use of the Meeting Room, it is suggested that a few alternative dates for your request be ready. You will be contacted directly by telephone or email regarding your request status.