

Lyons Public Library Meeting Room Application

Date of Application: _____ Date for Room Request: _____

Time required: From _____ to _____ Number of Persons: _____

Name of Group or Organization: _____

Individual Responsible: _____

Mailing Address of Individual: _____

City: _____ State: _____ Zip: _____

Contact Phone Numbers: _____

Email of Individual: _____

Description of Meeting Room Use: _____

Will the group want to use the kitchen facilities to cook/make coffee/serve refreshments? (Please be specific.)

Will the group want to use any library audiovisual equipment? Yes _____ No _____

If yes, what equipment? _____

Designated Clean Up Person: This person will be called if the room is not clean after use.

Name: _____ Phone: _____

Will the meeting run past the library's closing time? _____

If yes, what Board member and/or employee will be in attendance? This Board member/ employee will ensure that the library is secure after the meeting. (Subject to approval by the Library Director, see Meeting Room Use Policy.)

Name/ Signature of Attending Board Member or Employee: _____ Date: _____

Signature of Library Director: _____ Date: _____

Meeting Room Applications are renewed every January. Organizations are required to review the Meeting Room Use Policy for any changes before reapplying.

I hereby affirm that I have read and agreed to the rules outlined in the Lyons Public Library Meeting Room policy, of which I have received a copy. I accept responsibility for damage or loss of library equipment and furnishings.
(OVER)

Applicant Signature: _____ Title: _____ Date: _____

Return form to:

Lyons Public Library

122 Broad Street, Lyons, New York 14489

Phone: (315) 946-9262, Fax: (315) 946-3320, email: lyonslibrarydirector@owwl.org

Revised: 10/21/2025

Staff Member Initials/ Date: _____

Lyons Public Library Meeting Room Application

Date of Application: _____ Date for Room Request: _____

Time required: From _____ to _____ Number of Persons: _____

Name of Group or Organization: _____

Individual Responsible: _____

Mailing Address of Individual: _____

City: _____ State: _____ Zip: _____

Contact Phone Numbers: _____

Email of Individual: _____

Description of Meeting Room Use: _____

Will the group want to use the kitchen facilities to cook/make coffee/serve refreshments? (Please be specific.)

Will the group want to use any library audiovisual equipment? Yes _____ No _____

If yes, what equipment? _____

Designated Clean Up Person: This person will be called if the room is not clean after use.

Name: _____ Phone: _____

Will the meeting run past the library's closing time? _____

If yes, what Board member and/or employee will be in attendance? This Board member/ employee will ensure that the library is secure after the meeting. (Subject to approval by the Library Director, see Meeting Room Use Policy.)

Name/ Signature of Attending Board Member or Employee: _____ Date: _____

Signature of Library Director: _____ Date: _____

Meeting Room Applications are renewed every January. Organizations are required to review the Meeting Room Use Policy for any changes before reapplying.

I hereby affirm that I have read and agreed to the rules outlined in the Lyons Public Library Meeting Room policy, of which I have received a copy. I accept responsibility for damage or loss of library equipment and furnishings.
(OVER)

Applicant Signature: _____ Title: _____ Date: _____

Return form to:

Lyons Public Library

122 Broad Street, Lyons, New York 14489

Phone: (315) 946-9262, Fax: (315) 946-3320, email: lyonslibrarydirector@owwl.org

Revised: 10/21/2025

Staff Member Initials/ Date: _____

Lyons Public Library Meeting Room Application

Date of Application: _____ Date for Room Request: _____

Time required: From _____ to _____ Number of Persons: _____

Name of Group or Organization: _____

Individual Responsible: _____

Mailing Address of Individual: _____

City: _____ State: _____ Zip: _____

Contact Phone Numbers: _____

Email of Individual: _____

Description of Meeting Room Use: _____

Will the group want to use the kitchen facilities to cook/make coffee/serve refreshments? (Please be specific.)

Will the group want to use any library audiovisual equipment? Yes _____ No _____

If yes, what equipment? _____

Designated Clean Up Person: This person will be called if the room is not clean after use.

Name: _____ Phone: _____

Will the meeting run past the library's closing time? _____

If yes, what Board member and/or employee will be in attendance? This Board member/ employee will ensure that the library is secure after the meeting. (Subject to approval by the Library Director, see Meeting Room Use Policy.)

Name/ Signature of Attending Board Member or Employee: _____ Date: _____

Signature of Library Director: _____ Date: _____

Meeting Room Applications are renewed every January. Organizations are required to review the Meeting Room Use Policy for any changes before reapplying.

I hereby affirm that I have read and agreed to the rules outlined in the Lyons Public Library Meeting Room policy, of which I have received a copy. I accept responsibility for damage or loss of library equipment and furnishings.
(OVER)

Applicant Signature: _____ Title: _____ Date: _____

Return form to:

Lyons Public Library

122 Broad Street, Lyons, New York 14489

Phone: (315) 946-9262, Fax: (315) 946-3320, email: lyonslibrarydirector@owwl.org

Revised: 10/21/2025

Staff Member Initials/ Date: _____

Lyons Public Library Meeting Room Application

Date of Application: _____ Date for Room Request: _____

Time required: From _____ to _____ Number of Persons: _____

Name of Group or Organization: _____

Individual Responsible: _____

Mailing Address of Individual: _____

City: _____ State: _____ Zip: _____

Contact Phone Numbers: _____

Email of Individual: _____

Description of Meeting Room Use: _____

Will the group want to use the kitchen facilities to cook/make coffee/serve refreshments? (Please be specific.)

Will the group want to use any library audiovisual equipment? Yes _____ No _____

If yes, what equipment? _____

Designated Clean Up Person: This person will be called if the room is not clean after use.

Name: _____ Phone: _____

Will the meeting run past the library's closing time? _____

If yes, what Board member and/or employee will be in attendance? This Board member/ employee will ensure that the library is secure after the meeting. (Subject to approval by the Library Director, see Meeting Room Use Policy.)

Name/ Signature of Attending Board Member or Employee: _____ Date: _____

Signature of Library Director: _____ Date: _____

Meeting Room Applications are renewed every January. Organizations are required to review the Meeting Room Use Policy for any changes before reapplying.

I hereby affirm that I have read and agreed to the rules outlined in the Lyons Public Library Meeting Room policy, of which I have received a copy. I accept responsibility for damage or loss of library equipment and furnishings.
(OVER)

Applicant Signature: _____ Title: _____ Date: _____

Return form to:

Lyons Public Library

122 Broad Street, Lyons, New York 14489

Phone: (315) 946-9262, Fax: (315) 946-3320, email: lyonslibrarydirector@owwl.org

Revised: 10/21/2025

Staff Member Initials/ Date: _____