

Community Meeting Room Application
DUNEDIN PUBLIC LIBRARY, 223 Douglas Ave., Dunedin, FL 34698
Phone: (727) 298-3080 ext. 1702 – www.dunedingov.com/library

Date of Application: _____

Name of Group: _____

Group Representative's Name (Please Print): _____

Mailing Address: _____

City / State / Zip Code: _____

Phone Number: _____ E-mail: _____

The Community Meeting Room may be available for use at no charge to tax-exempt non-profit groups or organizations during the following hours (meeting room closed on Tuesday & Sunday):

Monday	9:30 am to 7:45 pm
Wednesday	9:30 am to 7:45 pm
Thursday	12:30 pm to 5:45 pm
Friday	12:30 pm to 5:45 pm
Saturday	9:30 am – 4:45 pm

Date and Time Requested: List the exact dates on this form. The "reserved time" should allow for your set-up and clean-up time. All occupants **must** vacate the Community Rooms prior to the Library closing time.

First Choice

Date: _____ Time: _____ Actual Meeting Time: _____

Second Choice

Date: _____ Time: _____ Actual Meeting Time: _____

Purpose / Plan for room use: _____

Estimated number attending the meeting: _____

The undersigned hereby assumes personal liability and responsibility for the individual behavior of persons in attendance, damage to the facility, personal and property damage and any and all other costs or charges arising from the use of this facility.

The undersigned expressly indemnifies and agrees to hold the City of Dunedin harmless from any and all liabilities or costs arising from use of this facility including attorney fees and costs at trial and appellate levels.

The undersigned acknowledges that all programs at the Library must be free and open to the public and hereby certifies that this is a non-profit group to which no distribution of any income is made to members.

The undersigned has read and agrees to abide by the Dunedin Public Library Policies For Use Of The Community Room.

SIGNATURE: _____ PRINT NAME: _____