



## Meeting Room Agreement

Organization or Individual \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

I have received and read a copy of the Orange City Public Library Meeting Room Policy.  
I agree to abide by the policy and to be responsible for the condition of the room.

Signature \_\_\_\_\_ Date \_\_\_\_\_