

HANSON PUBLIC LIBRARY – SENIOR CENTER
APPLICATION FOR USE OF THE COMMUNITY ROOM

Application Date: _____

Organization Name: _____

Applicant Name: _____

Address: _____ Town: _____ State: _____

Phone Number: _____

Email (optional): _____

Meeting Time: _____ to _____

Meeting Date(s): _____

Please provide a brief description of your meeting: _____

Estimated Attendance: _____

Equipment Needed: _____

I have noted the provisions for use of the Hanson Public Library/Senior Center Community Room and I agree to comply with them.

Applicant Signature: _____

FOR STAFF USE ONLY

Staff Initials: _____

Date Received: _____

Approved Not Approved

Date Applicant Notified: _____