

HANSON PUBLIC LIBRARY / MULTI-SERVICE SENIOR CENTER  
COMMUNITY ROOM APPLICATION

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 read and agree to the Hanson Public Library/Multi-Service Senior Center Community Room Policy.

Signature: \_\_\_\_\_

FOR STAFF USE ONLY:

Staff initials: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Approved  Not Approved

Date Applicant Notified: \_\_\_\_\_