

Room Usage Application
Cicero Public Library
5225 W. Cermak Road
Cicero, IL 60804

(Please Print)

Requesting use of: (check one) _____ Meeting Room _____ Conference Room

Requested for: _____
Date Time

Name of Group Organization: _____

Contact Person: _____

Address of Applicant: _____

City/Town, State, Zip

Phone: _____ Email _____

Estimated Number of People Attending: _____

Name of Program/Purpose of Meeting: _____

Do you need Library Equipment? (Check One) _____ YES _____ No

What equipment is needed? _____

Those attending non-Library-sponsored events are asked to park in the Library Parking Lot.

I understand that the Cicero Public Library and all employees working for the Library are not liable for any accidents or injuries incurred while the aforementioned group is using Library facilities. The group/organization using a room assumes all responsibility in case of injury and assumes financial liability for medical expenses of its members. The group/organization releases, waives, absolves and indemnifies the Library from any financial responsibilities.

By my signature, I agree to follow the policies and rules of the Cicero Public Library Meeting and Conference Rooms Policy, a copy of which I have reviewed. I will pay all fees prior to the event, and understand there are no refunds once fees are paid.

Applicant Date

Approved: _____
Date

Usage Fee: \$ _____ Equipment Fee: \$ _____