



LEDYARD PUBLIC LIBRARY

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718 Colonel Ledyard Hwy
Ledyard, Connecticut 06339
ledyardlibrary.org

Meeting Room Reservation and Agreement of Responsibility

I, _____, an authorized representative from
_____ (name of group/organization), request use of
the Ledyard Public Library Community Meeting Room. I understand I am responsible for setting
up chairs and tables and returning the room the way I found it.

Requested Room: Bill _____ Gales Ferry _____

Equipment Needed: Projection _____ Laptop _____ Other _____

Key Needed (only available for Bill Library): Yes _____ No _____

Month(s), Day(s), Start and End Time(s) Requested:

I have read and agree to the regulations governing the use of the room. I understand that the
above named organization/group is legally and financially responsible for loss or damage to the
facility or its equipment intentionally or negligently caused by individuals attending the group-
sponsored activity as noted in the regulations. Dates must be approved by the Library prior to
use. I understand approval is not secured until both parties have signed this agreement.

Signature _____ Date _____

Address _____

Phone _____ Email _____

To be filled out by library:

Library permission by: _____ Date _____

Copy of policy submitted to authorized representative _____

Copy of signed agreement form administered to both parties _____

Original on file at library _____ Scanned copy given to authorized representative _____

Bill Library | 718 Colonel Ledyard Highway, Ledyard, CT | (860) 464-9912 | Fax (860) 464-9927

Gales Ferry Library | 18 Hurlbutt Road, Gales Ferry, CT | (860) 464-6943 | Fax (860) 464-2208