THE CITY OF PLEASANTON

Meeting Room Agreement

Pleasanton Public Library
400 Old Bernal Ave., Pleasanton, CA 94566
Phone: 925-931-3400

Meeting Room/Date Information

☐ **Large Meeting Room (200)**

Date	Day of Week	Reservation Start Time	Reservation End Time	Meeting Start Time	Meeting End Time

Applicant Information

Name of Responsible Person:_____**Email:**_____

Name of Organization/Company:_____

Address:_____**City/State:**_____**Zip:**_____

Phone Number: Home:_____**Cell:**_____**Work:**_____

Meeting Information

Type of Event: _____ **Estimated Attendance:**_____

Equipment Needed: ☐ **Projector** ☐ **Sound System** ☐ **Podium**

Insurance provided by: ☐ **Own Policy** ☐ **Organization/Company Policy**

Hold Harmless and Compliance Agreement

I certify that the information provided herein is correct. I certify that I have read the Rules and Regulations pertaining to facility use and agree to comply with the Rules and Regulations. I further agree to be personally responsible for informing those using the facility as scheduled in the Agreement of the rules and regulations of the City. I, or organization, through me, agree to be responsible for any damage sustained by the facility, equipment, or furniture during use of the facility and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to person or property of the undersigned due to use of said facility. Evidence of this Hold Harmless and Compliance Agreement shall be provided through a Certificate of Liability Insurance from any insurance carrier.

_____ _____ _____
Signature of Applicant **Date** **Organization**

Initial_____ **I have read the Meeting Room General Rules, and agree to, and will abide by those rules.**

Office Use Only

Meeting Date:_____

Authorized Signature:_____**Approved/Denied**

Special Notes:_____