

TOWN OF MACEDON
Application for Use of Community Room

Today's Date:	MM / DD / YYYY
Name of Applicant:	
Address of Applicant:	
Telephone Number:	
Date of Reservation:	MM / DD / YYYY
Start Time:	: AM PM (circle)
End Time:	: AM PM (circle)
Falls within Library Building Open Hours ¹ :	YES NO
# Guests Expected:	
Kitchen Use Requested:	YES NO

¹Library Building Open Hours:
(these are subject to change):

	Open	Close
Monday	10 AM	8 PM
Tuesday	10 AM	8 PM
Wednesday	12 NOON	8 PM
Thursday	12 NOON	8 PM
Friday	1 PM	5 PM
Saturday	10 AM	3 PM
Sunday	1 PM	4 PM

As applicant, I have read and understand the terms and conditions (attached) for the use of these facilities. I agree to abide by these terms and conditions.

Signature of Applicant _____

Special permission is required for use of the kitchen.

If kitchen use is permitted, the kitchen must be cleaned after use, and left in the same condition as it was found. Check to be sure the water/stove/oven are turned off, refrigerator is closed, room lights are off, and the door is closed and locked.

OFFICE USE ONLY

Kitchen Use Permitted: YES NO

Auth Signature: _____

Applicant Signature:

OR

(I agree to leave the kitchen as specified here)

(I will not use the kitchen.)