



Stickney-Forest View
Public Library District

Meeting Room Use Agreement

I have read and understood the Stickney-Forest View Library District Meeting Room Policy, and will comply with all its requirements. I understand that I am responsible for any charges incurred for meeting room cleaning or repair resulting from my event.

Patron Information: (please print)

Full Name: _____

Address: _____

Barcode: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Patron Signature: _____

Date: _____

Library Staff Name: _____

Copy of valid driver's license or state ID