The Lake Park
Public Library

Town Of Lake Park

LIBRARY POLICIES

November 2000

Application for use of

Meeting Room _____
Computer Lab _____
Conference Room ___

_____
Nonprofit Organization

____/___/_____
Date and time of event **Number of people expected**

_____
Name of individual or organization representative

(__)_____(___)_____(___)_____
Telephone number ● Cell-phone number ● Business telephone /fax

_____
Local address

Description of event:

_____

_____

_____

Equipment needed:

_____

_____

---------- **Do not write below this line** ----------

Approved: _____ Denied: _____

Reason for denial: _____
_____

Library Director Signature _____

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Lake Park, FL 33403
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Fax: (561) 881-3336

www.lakepark-fl.gov