



MEETING ROOM APPLICATION
MILLER LIBRARY – HAMDEN PUBLIC LIBRARY
2901 Dixwell Avenue, Hamden CT 06518
www.hamdenlibrary.org

Please fill out the application completely and print clearly.

DATES REQUESTED:

ROOM REQUESTED:

Program Room (1st floor – max capacity 20): _____

Friends Room (2nd floor – max capacity 32): _____

Note: Wheelchair/Mobility assisted accessibility is limited to space on Miller’s main floor pending elevator repairs.

EVENT TIME: begins: _____ ends: _____ SET-UP TIME: _____

SPONSORING ORGANIZATION: _____

ADDRESS: _____ ZIP CODE: _____

EVENT: _____

ESTIMATED ATTENDANCE: _____

SET UP REQUESTED: (Friends Room only): Chairs in rows: _____ Tables and chairs: _____

Table in the front for the presenter: _____ Do you need an additional table near the door: _____

You must receive a confirmation of these dates from the Information Desk. Completing this form does not guarantee that the room is available. Organizations/institutions must supply an insurance certificate unless their event is sponsored by the Town of Hamden. Meetings must end no later than 15 minutes before the library closes. No cooking is allowed. Any food provided must be from a commercial kitchen and the signatory is responsible for clean-up and removal of all items. The library reserves the right to limit hours requested. Library programs/meetings take precedence over outside programming/meetings.

YOUR NAME (printed clearly please)

PHONE

EMAIL

SIGNATURE: _____

DATE: _____

Name of program/meeting host, if different from above: _____

Return the completed application to the Miller Library Information Desk or via email: info@hamdenlibrary.org. Contact the Information Desk: 203-287-2680 or Business Manager, Arlene Anderson: 203-287-7723 with any questions.

LIBRARY USE ONLY

Date received: _____

Applicant notified: _____

Approved: _____ Denied: _____ Reason denied: _____

Signature, Library Staff: _____ Date: _____