



**MEETING ROOM APPLICATION**  
**MILLER LIBRARY – HAMDEN PUBLIC LIBRARY**  
2901 Dixwell Avenue, Hamden CT 06518  
[www.hamdenlibrary.org](http://www.hamdenlibrary.org)

**Please fill out the application completely and print clearly.**

DATES REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROOM REQUESTED:

Program Room (1<sup>st</sup> floor – max capacity 20): \_\_\_\_\_  
Friends Room (2<sup>nd</sup> floor – max capacity 32): \_\_\_\_\_  
Tutor Room (3<sup>rd</sup> floor – max capacity 6): \_\_\_\_\_

***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](mailto: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: \_\_\_\_\_