



**Marion County
Board of County Commissioners**

Public Library System

2720 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-671-8551
Fax: 352-368-4545

MEETING ROOM APPLICATION

Library: _____ Today's Date: _____

Group Name: _____

Purpose of Use: _____

Group Status: Non-Profit For-Profit **Expected Number of Attendees:** _____

Official Group Mission or Purpose: _____

Requested Date(s): _____ **Need to Know By:** _____

	Day	Date	Time From	Time To
First Choice				
Second Choice				
Recurring Meeting				

Contact Persons:

1. Name: _____ **Library Card Number:** _____

Address: _____

Telephone: _____ **Email:** _____

2. Name: _____

Address: _____

Telephone: _____ **Email:** _____

Additional Services Requested – Check all that apply. Fee is per occurrence.

- Meeting Room Use Fee (per hour \$25 / \$50) \$ _____
- Customized Room Set-Up (please describe below) \$25.00
- Room Take-Down to Standard Configuration \$25.00
- Damage Deposit (Includes \$25 non-refundable refreshment fee) \$100.00
 - ⌘ All red liquids and sauces, sprinkles, and powdered sugar prohibited
- Additional or Non-Routine Custodial Services \$25.00/hour
- Equipment Use (list items below) \$25.00
 - ⌘ Equipment Training – free – required if library equipment is used
- Technical Assistance (one hour minimum) \$35.00/hour

Total Service Fees due: \$ _____

Setup/Equipment/Additional Notes: _____

Training Required: Yes No Date/Time Scheduled: _____

Please See Reverse Side

“Meeting Needs by Exceeding Expectations”

Liability Statement

I have read and accepted the terms and conditions of the use set forth in the Meeting Room Policy and Rules of Conduct. I understand that the group I represent will be responsible for any damage to the facility occurring during its use of the facility including, but not limited to, any damage to furnishings, fixtures, and equipment.

Rev. 12/12

Signature_____

Meeting Room Coordinators:

HQ-Ocala –Karene McCalla,	368-4500	Fax: 368-4545	email:karene.mccalla@marioncountyfl.org
HQ-Ocala –Ne’Shay Frye,	368-4500	Fax: 368-4545	email:neshay.frye@marioncountyfl.org
Belleview -Lee Schwartz,	438-2500	Fax: 438-2502	email:lee.schwartz@marioncountyfl.org
Dunnellon –Mary Merenda,	438-2520	Fax: 438-2522	email:mary.merenda@marioncountyfl.org
Forest -Toby Johnson,	438-2540	Fax: 438-2542	email:toby.johnson@marioncountyfl.org
Freedom – David Freudenburg,	438-2580	Fax: 438-2582	email:david.freudenburg@marioncountyfl.org

FOR LIBRARY USE ONLY:

Library Card in Good Standing: Yes No

Date Paid for Services: _____

Amount Paid: \$ _____ Cash Check Credit Card

Check Number: _____ Deposit Date: _____

Application for Refund Amount: \$ _____ Date Submitted: _____

Room Inspected By: _____ Date and time: _____

Notes: _____

Cleaning and/or repairs (hourly rate x time spent): _____

Cost of Materials: _____

Group Status: Not for Profit For Profit

Not available due to for-profit use

Room Schedule

Room Not Scheduled

Reason: _____

Revised 10/25/2018