

**LIBRARY FACILITY**  
**USE REQUEST**

**Check Requested Location**

Kilmer	Morningside
Lakewood Park	Hurston
Lewis	

Applicant/Organization Name: \_\_\_\_\_  
 If Non-profit, please attach proof. If tax exempt, indicate ID Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Authorized Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: Primary (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Alternate(\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Event Name/Description: \_\_\_\_\_  
 Requested Event Date(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Event Begins: \_\_\_\_\_  AM  PM Ends: \_\_\_\_\_  AM  PM (Please include your set-up and clean-up time)  
 Room(s) Requested: \_\_\_\_\_ See Schedule of Fees and Room Capacity  
 Total number of anticipated Attendees: \_\_\_\_\_  
 Total No. of Hours Requested, including Set-up/Clean-up \_\_\_\_\_ Hours  
 Open to the General Public  Yes  No Ticket Sales/Admission Fee?:  Yes  No  
 Purpose of Event: Business/For Profit  Personal  Non-Profit/Govt.  Fundraiser  Other  \_\_\_\_\_  
 Food/Drink Served?  Yes  No  
 Equipment Needed (no extra charge)  No If yes, indicate required items below:  
 Tables – 6' Rectangle # \_\_\_\_\_  Chairs – # \_\_\_\_\_  Podium  
 TV/DVD Player  Easel  Screen

I understand that use is not reserved until the Signed Agreement, Certificate of Insurance (in name of Organization and naming St. Lucie County as an additional insured) or other insurance as required and payment in full is submitted. This must be done no less than 30 days prior to the event.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR STAFF USE ONLY:**

Date Received \_\_\_\_\_ Date(s) Available  Yes  No

Written Estimate of Fees Provided to Applicant on \_\_\_\_\_ (Date) via  Meeting  Email  Fax  Mail

Attach copy of Estimate to Application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Processing the Request