

APPLICATION FOR USE OF THE GATES COMPUTER LAB

Name of Organization _____

Contact Person _____

Address _____

Phone _____ (home) _____ (business) _____ (fax)

Email address _____

Date room desired _____

Time _____ a.m./p.m. to _____ a.m./ p.m. Meeting starts at _____ a.m./p.m.

Purpose of meeting _____

Expected attendance _____

In the event of a library building emergency or a weather related emergency, meetings may be cancelled.

Use of the Gates Computer Lab does not constitute Library endorsement of viewpoints expressed by participants in the program. Advertisements or announcements implying such endorsement are not permitted.

Organizations using the Gates Computer Lab must comply with all applicable state and federal laws, such as hiring an interpreter or providing auxiliary aids required under the Americans with Disabilities Act when requested by the public.

Library staff will not take or deliver messages for attendees.

I have read and understand the policy use statement. I also declare that I/the organization will be responsible to the Decatur Public Library for any damage to Library property incurred during or in connection with this meeting.

date of application

signature

Approved by _____

**PLEASE RETURN THIS FORM TO LIBRARY ADMINISTRATION
FAX (217) 233-4071**