

**Marshall Community Library – Marshall Public School Visits/Programs/Space Use Request**

Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Bldg/Class: \_\_\_\_\_

Date of Use: \_\_\_\_\_ Time of Use: \_\_\_\_\_ No. Attending: \_\_\_\_\_  
(two weeks lead time required) (must be during usual library hours)

Is this use of the MCL connected with a community/partner grant opportunity? YES \* \_\_\_ NO \_\_\_  
Granting agency: \_\_\_\_\_

\*Please provide grant information to the library director.

Describe activity planned, in detail: \_\_\_\_\_

Describe what area(s) of the library will be used: \_\_\_\_\_

If Community Room is required in this request, the Community Room Reservation forms must also be completed.

Please describe in detail what library resources you will need for this use. (AV, tables, staff, displays, etc.). \_\_\_\_\_

Marshall Public Schools will be responsible for the repair and or replacement of any damaged or missing equipment and for damage to the facility and any extra cleaning required.

Marshall Public Schools agrees to meet ADA requirements and to provide accommodations for the meeting/event/program. The agreement to provide accommodations must be included in the publicity or notices for the meeting, with wording suggested in the ADA guidelines for using meeting rooms.

As an agent of the above organization, I have read and I understand the Marshall Community Room Policy. As an agent of the above organization, the information provided here is accurate.

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

Staff Use: Forward to director for approval and scheduling.

Notes: