



Village of West Salem

175 South Leonard Street, West Salem, Wisconsin 54669

(608) 786-1858
Fax (608) 786-1988

APPLICATION FOR USE OF HAZEL BROWN LEICHT MEMORIAL LIBRARY MARY AND JEROME KLOS COMMUNITY ROOM

Date(s) of proposed use: _____

Time of Meeting: _____ a.m./p.m. to _____ a.m./p.m.
(use of the Community Room is limited to 8:00 a.m. to 10:00 p.m. daily)

Name of Organization: _____

Purpose: _____

(Maximum Room Capacity: 100 people)

Name, address, and telephone number of contact person:

Name and telephone number of person responsible for supervising individuals to prohibit congregating and loitering in hallways and other parts of the building:

Indemnification and Hold Harmless Agreement

In consideration for the use of and payment for the Mary and Jerome Klos Community Room, the undersigned agrees to indemnify the Village of West Salem and hold it harmless from any and all claims associated with said use. The undersigned has also been provided with and has read the Policies for use of the Mary and Jerome Klos Community Room and hereby agrees to comply with the terms and conditions stated therein.

DATE: _____
Signature of Organization Representative

Applicant has agreed to the terms and conditions of the Hazel Brown Leicht Memorial Library Mary and Jerome Klos Community Room use policies and paid the Village of West Salem the required fee of \$25.00 per use and the deposit in the amount of \$50.00. Application is hereby approved this _____ day of _____

Village Administration