

# Application for Use of Hazel Brown Leicht Memorial Library

## Mary and Jerome Klos Community Room



Date(s) Requested:

Time of Meeting: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.  
(use of 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:

Phone Number:

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 for Village resident and \$40.00 for non-Village resident** per use and the deposit in the amount of \$50.00.

The application is hereby approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Village Administration