



Meeting Room Rental Agreement

Name of Renter: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Date	Time	RISE*	Cost/Hour	Total Hours	Total Cost

*If RISE is needed, please complete *A Public Request to Use RISE Video Conferencing Equipment* form.

I agree to follow all conditions as outlined in the Library Building Use Policy.

Signature

Date

Print Name

Phone (if different from above)