

**TOPFIELD TOWN LIBRARY
MEETING ROOM RESERVATION FORM**

One South Common Street
Topsfield, MA 01983
978-887-1528 FAX 978-887-0185 ask@topsfliedlibrary.org

Date of Application: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone/Cell Phone: _____

E-mail Address: _____

Meeting Date Requested: _____ *Alternative Date:* _____

Starting Time: _____ Ending Time: _____

Estimated Attendance: _____ *Please note: room capacity is 60 people*

Purpose of meeting: _____

How does this group serve the Topsfield area? _____

I have read the Topsfield Town Library Meeting Room Policy and Procedure and I agree to abide by the policy. I understand that I am responsible for the proper care of the room.

Signature: _____ Date: _____

Approval Signature: _____

Date: _____