



Library Meeting Room Reservation Agreement

Permit #: _____
 Insurance
Due: _____

Staff Use ONLY:
 Approved

400 Old Bernal Ave. Pleasanton, CA 94566
Mailing address: P.O. Box 520 Pleasanton, CA 94566
Email: recreation@cityofpleasantonca.gov Phone: 925-931-5340

MEETING ROOM / DATE / TIME INFORMATION

Large Meeting Room Capacity: 64 (16 tables and 64 chairs) // 130 (chairs only) // 200 (no furniture)

Date(s)	Day of Week	Rental Start Time	Meeting Start Time	Meeting End Time	Rental End Time

APPLICANT INFORMATION

Name of Organization/Company: _____

Name of Responsible Party: _____

Phone: _____ Email: _____

Address: _____ City/State _____ Zip _____

MEETING INFORMATION

Type of Event: _____ Estimated Attendance: _____

Equipment Needed: Projector Sound System Podium

Organization/Applicant is responsible for event setup/clean up and for returning tables/chairs to original setup.

Providing Food/Drinks: Yes No

MEETING ROOM RESERVATION PROCEDURE AND GENERAL RULES

Initial _____ I have read the Library Meeting Room Procedure and Rules, and agree to, and will abide by those rules.

Initial _____ I agree to provide a valid copy of a Certificate of Liability Insurance no later than five (5) business days before the event date.

HOLD HARMLESS AND COMPLIANCE AGREEMENT

I certify that the above information is accurate. I certify that I have read the Rules and Regulations pertaining to facility use and agree to comply with the Rules and Regulations. I further agree to be personally responsible for informing those using the facility as scheduled in the Agreement of the rules and regulations of the City. I, or organization, through me, agree to be responsible for any damage sustained by the facility, equipment, or furniture during use of the facility and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to person or property of the undersigned due to use of said facility. Evidence of this Hold Harmless and Compliance Agreement shall be provided through a Certificate of Liability Insurance from any insurance carrier, or, if available, through special facilities insurance purchased through the City of Pleasanton.

Signature of Responsible Party

Date

Organization/Responsible Party

Staff: _____ Comments: _____