



Adams Public Library

205 Central St
Central Falls, Rhode Island 02863

Phone: (401) 727-7440
Fax: (401) 727-7442

Adams Public Library Library/Auditorium/ Carriage House Use Application

Date and Time Requested: _____

Expected Attendance: _____

Name of Organization: _____

Address: _____

Contact Person/Title: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____

Email Address: _____

Purpose of the Meeting(s):

Equipment Requested (circle all that apply): # of Chairs _____ # of Tables _____ Laptop
LCD Projector Extension Cord Speakers

Will refreshments be served? If yes, please describe:

Permits required: Yes ___ No ___

Copy of permits received, date, and from where: _____

Police presence required: Yes ____ No ____

I have read the Adams Public Library Auditorium Use Policy and agree that my organization will abide by the policy. This agreement will be in effect for events that take place during the _____ calendar year.

Signature: _____ Date: _____

Name (printed): _____

Adams Public Library Authorized Signature: _____

Date Approved: _____

Fees for damages if applicable: _____

At any time the Adams Public Library or its designated management personnel or governing board of Directors can prohibit any event from taking place within its facilities if it feels the event may cause harm to Adams Public Library facilities or personnel.

Approved by the Adams Public Library Board of Directors
July 2017