

# Request for Meeting Room and Equipment Usage

Newell Public Library  
PO Box 667  
205 E. 2<sup>nd</sup> St.  
Newell, IA 50568

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is this request for a one time usage or multiple usages? \_\_\_\_\_

Date or Dates wished to be used: \_\_\_\_\_

What is the time frame for your meeting(s)? \_\_\_\_\_

Will you be needing tables and chairs? If so, how many? \_\_\_\_\_

Will you be needing to use the TV or Projector for your meeting? \_\_\_\_\_

If yes, can you describe the content of the media you will be showing?

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Is this media copyrighted or do you need special permission to show? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_