

APPLICATION AND PERMIT FOR USE OF MEETING ROOM

Name of Library:	Date of Meeting:
Time of Meeting:	From: to Total Time:
Name of Applicant:	Name of Organization:
Purpose of Organization:	
Purpose of Meeting:	
community library gove	abide by and uphold all rules and policies of the Contra Costa County Library and the ning the use of library premises or equipment, and I understand that failure to do so will result es in the use of library meeting rooms. I understand that there is a no refund policy on the fee- ms.
any damages, sickness, o damages, from any cause (name of person) subcontractors hereunde	shall defend, indemnify, save, a Costa County and its officers and employees from any and all claims, costs, and liability for leath, or injury to person(s) or property, including without limitation all consequential e whatsoever arising directly or indirectly from or connected with the operations or services of or its agents, servants, employees, or r, save and except claims or litigation arising through the sole negligence or sole willful osta County or its officers or employees.
(Name of Person) reimburse Contra Costa make by reason of the m	will County for any expenditures, including reasonable attorneys' fees, Contra Costa County may atters that are the subject of this indemnification, and if requested by Contra Costa County, r litigation to which this indemnification provision applies at the sole cost and expense of
Signature:	Date:
Position in Organization:	
Home Address:	
Business Address:	
Home Phone:	Business Phone: Email:
For Library Use Only	
Non Fee Use 🛛 🤉	Approved 🗌 Not Approved Fee Based Use 🗌 Approved 🗌 Not Approved
Reason:	
Amount of Fee Receive	d: Received by:
Librarian in Charge: Form 3-12 (Revised August 2009)	Date: