



# County of San Diego

MIGELL ACOSTA  
LIBRARY DIRECTOR

## COUNTY LIBRARY

5560 OVERLAND AVENUE, SUITE 110, SAN DIEGO, CA 92123  
www.sdcl.org

### COMMUNITY ROOM APPLICATION

ORGANIZATION NAME \_\_\_\_\_

REQUESTS PERMISSION TO USE THE \_\_\_\_\_ LIBRARY COMMUNITY ROOM  
(BRANCH NAME HERE)

DATE(S) \_\_\_\_\_ TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_

ANTICIPATED ATTENDANCE \_\_\_\_\_ PURPOSE /USE \_\_\_\_\_

RESERVED BY \_\_\_\_\_ ALTERNATE CONTACT  
RESERVED BY \_\_\_\_\_

CA Driver's License/Identification # \_\_\_\_\_ CA Driver's License/Identification # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_ PHONE NUMBERS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

I have read and understand the guidelines which govern the use of the San Diego County Library Community Room facilities, and I agree to abide by those Rules. **I further agree to notify the library at least 24 hours in advance when cancelling reservations.** My initials below indicate I understand the following stipulations:

\_\_\_\_\_ **Session Fee:** The \$50.00 per session fee is **non-refundable**. The \$50 per session use fee or proof of non-profit status must accompany the application.

\_\_\_\_\_ **Food/Refreshments:** A custodial clean-up fee of \$25 will be charged to any group or individual if more than light refreshments will be served.

\_\_\_\_\_ **Closed hours use only:** A fee of \$25 will be charged for keys not returned within two branch working days.

Applicant agrees to indemnify and save harmless the County Library and the County of San Diego, their officers, agents and employees from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon the County Library or the County of San Diego for damages because of bodily injury, including death at any time resulting there from sustained by any person or persons on account of damages to property, including loss of use thereof, arising out of or in consequence of the performance of this agreement, providing such injury to persons or damage to property is due or claimed to be due to the negligence of the above named applicant, its officers, employees or agents. The person responsible and in charge of function must be physically present at all times during use of facilities. All members of the user group agree to abide by all conditions in this application at this time.

\_\_\_\_\_  
SIGNATURE DATE

**NOTE:** Reservations are NOT CONFIRMED and fees are not collected until approved. If the Branch Manager is not available to approve, staff will photocopy, date and initial application for consideration. Requester will be notified within 2 branch working days.

LIBRARY USE ONLY

AUTHORIZING SIGNATURES:

\_\_\_\_\_ Branch Manager \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Date fee paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount paid \$ \_\_\_\_\_

Reservation cancelled by: \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_

\_\_\_\_\_ Date key picked up \_\_\_\_\_ Date keys are due back \_\_\_\_\_

Date keys returned \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

LIB 08-54 (Rev. March 2017) Community Room Application