

OAKLAND PUBLIC LIBRARY  
Application for Use of Meeting Room

Date of Application \_\_\_\_\_

\_\_\_\_\_ hereby applies for permission to use  
*(name of group or organization)*  
the Meeting Room of the \_\_\_\_\_ Library on \_\_\_\_\_  
*(date/s)*  
from: \_\_\_\_\_ to: \_\_\_\_\_ for \_\_\_\_\_  
*(time needed including setup and restoring room to order)* *(number of people)*

\_\_\_\_\_  
*(purpose of meeting)*

**Information about your group:**

Do you have 501(c)(3, 4 or 6) non-profit status from the IRS? YES NO  
*(If yes, please provide documentation.)*

Are you a City of Oakland department or other governmental agency directly serving residents of Oakland? YES NO

Are you a community group from the immediate neighborhood of the library branch? YES NO

Are you an Oakland Unified School District school-affiliated parent or youth group? YES NO

Will you charge admission or engage in fundraising at this event? YES NO

I hereby certify that we are authorized, on behalf of the members of the above group or organization, to be responsible for any damage sustained to the Library premises, furniture or equipment caused by our occupancy of the Meeting Room, or for any additional custodial services required if the room was not left in the condition in which it was found. I agree to be responsible for locking the Meeting Room before leaving. I certify that the above group or organization agrees to abide by the Meeting Room policy of the Oakland Public Library. Per the Library's Meeting Room Policy #12, I agree to include the following disclaimer in any publicity: *The Oakland Public Library does not advocate or endorse the viewpoints of meetings or meeting room users.* I also agree to submit for advance approval to the library branch manager any public notices advertising a meeting or event. \_\_\_\_\_ [applicant's initials]

Fees are described on a separate Fee Schedule. Fees must be paid at the time application is submitted and are not refundable after 2 weeks prior to scheduled meeting date. Reservations will not be final until fee (if applicable) and application have been received and approved. Applicant hereby waives all claims and recourse against the City of Oakland including the right to contribution for loss or damage to persons or property arising from, growing out of, or in any way connected with or incident to this agreement, except claims arising from the concurrent or sole negligence of the City of Oakland, its officers, agents, and employees.

Applicant shall indemnify, hold harmless and defend the City of Oakland, its officers, agents and employees against any and all claims arising out of the use of the Meeting Room.

I certify that I am authorized to sign on behalf of the group or organization:

\_\_\_\_\_  
Name of Applicant (print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title or Relationship to Group

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone (Home AND Other)

\_\_\_\_\_  
fax

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Approval required by one:  
Supervising Librarian  
Branch Manager /Scheduling Coordinator