Print Form

ONTARIO CITY LIBRARY

COLONY HIGH BRANCH

3850 East Riverside Drive Ontario, CA 91761-2603
(909) 395-2014 FAX (909) 930-0836

MEETING ROOM USE - COLONY

Please complete this form and deliver it to the Branch Supervising Librarian. After review, a copy of this form will be returned to you. Application processing requires five working days.

Organization _____

Purpose of meeting _____

Contact person _____

Street address _____ City _____ Zip _____

Work phone ( ) _____ FAX ( ) _____ Personal phone ( ) _____

Email address _____

I am requesting use of the Meeting Room which has the following seating capacity:
Chairs only 30 **or** Tables (4) and Chairs (30) Fee: $45.00

Library Hours

Sunday	Closed
Monday-Wednesday	Noon - 8:00PM
Thursday - Saturday	10:00AM – 6:00PM

Reservation Date(s)	Entry /Exit Time	Actual Program
	to	to
	to	to
	to	to
	to	to

Submission of an application does not constitute approval.
I, the user, have read the Ontario City Library Meeting Room Policy and on behalf of the organization I represent, I agree to abide by all rules and regulations. I understand that failure to do so will result in a loss of meeting room privileges. I agree to indemnify, defend and hold harmless the City of Ontario, its officers, agents, employees, and volunteers from all loss, cost and expense arising out of any liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained by the City of Ontario or anyone in connection with user's negligent acts, errors or omissions or those of any of its officers, agents or employees, whether such act is authorized by this agreement or not; and user shall pay for all damage to the property of the City of Ontario, or loss or theft of such property, done or caused by such persons. The City of Ontario assumes no responsibility whatsoever for any property placed on the premises. The provisions of this article do not apply to any damage or loss caused solely by the City of Ontario or any of its agents or employees.

Applicant's signature _____ Date _____

LIBRARY USE ONLY: Approved ☐ Yes ☐ No _____
Supervising Librarian Date

Fee paid _____ Date _____ ☐ Institutional Use