

# **ONTARIO CITY LIBRARY** 215 East C Street, Ontario, CA 91764-4198 (909) 395-2004 FAX (909) 395-2043

### **MEETING ROOM USE - LEWIS**

Director, a copy of business days. (Plec	nis form and deliver this form will be retu ase print legibly)	rned to you. Appli	cation proce	ssing requir	•
Purpose of Meeting	]:				
Contact person:		Email:			
Address:					
Business Phone:			Fax:		
Is your program op Organization Type:	0PM – 8:00PM	ublic? □Yes up □ Non-Profit □ Bu	usiness 🗆 Oth		
Requested Date(s)	Entry / Exit Time to to	Program Start / End ' to to	Time	Available	USE ONLY Ves No Ves No
Fee: <u>Resident</u> \$60 p	er hour <u>Non-Reside</u>	<u>nt</u> \$90 per hour			

# Equipment Provided: Tables & Chairs

# Seating Capacity: (30) Chairs Only or (4) Tables & (30) Chairs

## SUBMISSION OF AN APPLICATION DOES NOT CONSTITUTE APPROVAL.

I, the user, have read the Ontario 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 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.

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