



Appendix H

Contract for Use of the Community Meeting Room Outside of Library Operating Hours

I (name) _____,
a representative of (name of organization) _____

have read the St Croix Falls Public Library Meeting Room Policy and agree to its contents.

The (Name of organization) _____
would like to use the meeting room outside of regular library operating hours on
(date/time) _____.

I understand the attached deposit check for \$100 will be held by the St Croix Falls Public
Library until the (name of organization) _____
is done using the meeting room and the key is returned. At this time, given no abuses of the
room have occurred while (name of organization) _____

has had responsibility of the room, the deposit check will be returned in full.

Signature _____ Date _____

Printed Name _____

Library Director Signature _____ Date _____