



4444 Collinsville Road  
Fairmont City, IL 62201

Phone (618) 482-3966  
Fax (618) 482-4058

**ROOM RENTAL APPLICATION – FAIRMONT CITY LIBRARY CENTER**

Renter’s Name: \_\_\_\_\_

Date: \_\_\_\_\_. Number of guests: \_\_\_\_\_.

Start (Time you will arrive) \_\_\_\_\_. End (Time you expect to complete clean up and leave) \_\_\_\_\_.

Available Spaces:

- **Small Meeting Room** – One conference table with 6 chairs and white board.
- **Community Room** - Multiple room setups available, can hold 50 people, tables, chairs, large TV with HDMI connections, projection screen, snack machine, soda machine, microwave, toaster.

**Full payment is required at the time of application. Space available during normal business hours. Cash or make checks payable to: Mississippi Valley Library District**

Preferred space for rental (please check one):

- Small Meeting Room - \$25 hour
- Community Room - \$25 hour

**I agree and acknowledge that:** I accept responsibility for the actions of my group. I will comply with all Mississippi Valley Library District (MVLD) policies and procedures and will follow MVLD staff instructions. Failure to comply with MVLD policies, procedures, or staff instructions may result in the termination of my and/or my group’s right to use the MVLD’s meeting spaces. If my reservation extends beyond the agreement’s listed time, I will pay the library for each additional hour (rounded up) at the time of extension. Extension will not exceed normal business hours.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (Street, City, State, ZIP code)

Applicant 18 years of age or older? Yes \_\_\_ No \_\_\_

Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

\*\*\*\*\*

Librarian’s Signature: \_\_\_\_\_

Date registration received: \_\_\_\_\_

Total rental cost: \_\_\_\_\_

Paid on: \_\_\_\_\_