



Chemung County Library District
101 E. Church Street
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F. 607.733.9176
W. www.cclid.lib.ny.us

Organization Name: _____

Purpose of Organization: _____

Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

The individual signing this form has read and understands that he/she will be held responsible for adhering to the "Meeting Room Policies."

Signature: _____

Staff Initials: _____ Today's Date: _____