

Community Room Use Application

Name of organization: _____

Meeting dates: _____

Time (including set up and clean up) Begin: _____ End: _____

Purpose of meeting: _____

Estimated number to attend: _____

Contact person: _____

Phone: _____ Email: _____

Available equipment needed: _____

I acknowledge that I have received and read the Facility Use Policy and agree to abide by said policy.

Signature: _____

Date: _____ Phone: _____

Organization: _____

Address: _____

FEES: \$50.00 deposit _____
\$25.00 study room _____
Before/after hours use (\$25.00 / hour) _____
(at this time after hours will not be charged
until after 9:00p.m.)

Kitchen use (\$15.00) _____
Lab \$25.00 / 4 hour block _____
For profit use \$25.00 / 4 hour _____
(block of 9 am – 1pm, 1 – 5 pm or 5 – 9 pm)

(1 time use fees can be paid using Point & Pay on City webpage – www.sterlingcolo.com – indicate library use)

Seating capacity: 90

Someone must check out with library staff at conclusion of the meeting so that the room can be checked.

Staff initial _____

Superintendent Approved: _____ Date: _____

Library Hours:
Monday – Thursday 9:00 a.m. – 8:00 p.m.
Friday & Saturday 9:00 a.m. – 5:00 p.m.
Sunday 1:00 p.m. – 5:00 p.m.

Deposit Returned:

Date: _____

Signature: _____

Staff initial: _____

Sterling Public Library

970-522-2023

Fax: 970-522-2657

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