



**Kent County Public Library
Room Reservation Form
497 South Red Haven Lane
Dover, DE 19901
Phone: (302) 698-6440**

Date Application Received:

Follow-up Date:

In accordance with Kent County Levy Court Ordinance 09-09 entitled “An Ordinance establishing a schedule of fees for the offices of Kent County,” adopted May 12, 2009: there is no charge for use of the Kent County Library Conference Room for affiliated library services support groups, or individuals and groups that are part of the Kent County government organization. There is no charge for use of the Kent County Library Conference Room for non-profit and community service organizations after 5:00 p.m. All other outside groups must pay a fee of \$30/hour for use of the library conference room.

To request the conference room, please complete the form and submit. We will contact you within two business days to confirm your reservation.

- Before filling out form, contact Kent County Public Library at (302) 698-6440 to ensure availability.
- Conference room is not available on holidays, or outside the library’s regular hours of operation. Groups must vacate the meeting room 30 minutes prior to the library’s closing time.
- Reservations will be made no more than 90 days in advance. No more than two reservations per organization per month.
- Rental fees are due before or on the day of function. We accept only cash or checks (no credit/debit cards). Make checks out to “Kent County Levy Court.”
- Cancellations require a 7 day advanced notice in order to receive a refund. Refunds will be issued upon written request.
- Food and drink is not permitted in the library. This includes the conference room.
- You are responsible for all clean up.
- The room conditions will be assessed after your event and any damages will be billed to you or your organization.
- NO ALCOHOL AND NO SMOKING AT ANY TIME!

Please fill out the following. Print legibly!

Contact Name:		Organization:	
Address:		City:	State: Zip:
Phone:	Fax:	Email (for confirmation):	
Title of Event:		Estimated Attendance:	
Date Requested:		Event Start & End Time: (Note: All participants must clear the library conference room 30 minutes prior to the closing hours of the library on the day requested. If you are unsure of the hours, please check our website: www.co.kent.de.us)	

If yours is a non-profit organization, please complete the following:

I, _____, declare that our organization is non-profit,
Please Print

non-partisan, and non-sectarian group. Our tax-exempt ID number is _____.

Signature: _____ Date: _____

Additional information:

Kent County does not take responsibility of any injuries, lost or stolen items. Meeting Room reservations will be made solely at the discretion of library staff on a first come, first served basis and shall be subject to meeting room availability. Please be advised that Kent County is under no obligation to accommodate any requests for meeting room reservation.

I _____, have read and accept all conditions as listed.
Please Print

Signature: _____ Date: _____

Please print, sign and send to: Kent County Public Library, 497 South Red Haven Lane, Dover, DE 19901. Fax: (302) 698-6441.

Payment Information (Office Use Only): _____