The City of Lewes

RESERVATION REQUEST

Lewes Public Library Community Meeting Room

Contact Person: _____

Organization: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Purpose of Reservation: _____

Date(s) Requested: _____

Starting Time: _____ Ending Time: _____

Number Attending: _____

- **Non-Refundable Fee: 4 or less hours: $35.00 More than 4 hours: $70.00**

Make checks payable to: ***City of Lewes***
Submit the completed form & check to: **Attn: Library Reservations**
P.O. Box 227
Lewes, DE 19958

1)	**You are responsible for returning tables & chairs to their original setup as per diagram posted in the room.**	**4)**	**No smoking or alcoholic beverages are allowed in the Library.**
2)	**Please do not park in the 4 spaces reserved for Staff or the 30-minute spaces in front of the library during library hours.**	**5)**	**You will be held responsible for repair or replacement of any library property damaged or destroyed.**
3)	**Telephone is for local calls only – 645-6727.**	**6)**	**Please do not leave the room unattended during the time you have rented it.**

Should any problems occur, please contact the City Manager's Office at 645-7777, Monday-Friday, 9am-4pm, or Lewes Police at 855-2980 before 9am or after 4pm, and on weekends & holidays

Maximum Capacity by order of the Fire Marshal is 120 table seating, 200 row seating.

I agree to abide by the policies of the Community Meeting Room and agree to include in any publicity or advertising about use of the room the following statement: "This is not an event sponsored by the Lewes Public Library or City of Lewes."

_____ _____
Signature Date

PAYMENT INFORMATION: *(Credit Card Payments can be faxed to: (302) 645-6406)*

☐ **Cash** ☐ **Check** **Credit Card:** ☐ VISA ☐ MC ☐ DISCOVER ☐ AMEX

Check # _____ Credit Card #: _____

Non-Profit: _____ Expiration Date: _____ Verification Code: _____

Name as appears on card: _____

Billing Address: _____

Signature: _____ Date: _____