

**Daniel Pierce Library
328 Main Street - P.O. Box 268
Grahamsville, NY 12740
(845) 985-7233**

Facility Use Request Form

Please return completed form to Nicole Richardson or email to nrichardson@rcls.org

Name of Organization/Individual: _____

Person Responsible (same as person signing below): _____

Address: _____

Telephone: _____ Email: _____

Room to be Reserved:

Community Room _____

Community Room with Kitchen _____

Reading Room _____

Reading Room with Piano _____

Date Needed: _____ Times Needed: _____

Purpose of Event: _____

Fee for Event: _____

For Library Use Only:

Application _____ Approved _____ Denied _____ Fee Waived _____

Signature: _____ Date: _____

Date Insurance Documentation Received: _____

Date Fee Paid: _____ Check Number/Cash: _____ Amount Paid: _____