



LaGrange Association Library
488 Freedom Plains Road
Poughkeepsie, NY 12603
(845) 452-3141 www.laglib.org

Community Room Application

Date of Request _____

Meeting/Event Date & Time _____

Contact Information:

Name _____

Address _____

Phone # _____ E-mail _____

Name of Organization _____

Purpose and length of meeting/event:

I have read the Community Room Use Policy and agree to its terms.

Signature _____

_____ Approved

_____ Not approved

_____ Initials/Date