

**Norma Anders Public Library
320 Main Street, PO Box 519, Dysart, IA 52224
319-476-5210**

**Library Facility Use Agreement
320 Main St., Dysart, IA**

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____

Evening Phone: _____

Reservation Information

Day and Date Reserved: _____

Estimated Number of Participants: _____

Purpose of Reservation: _____

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Please Read Carefully Before Signing

I hereby agree to follow and enforce all the Norma Anders Public Library Facility Use Policy rules and regulations as outlined in the following reservation agreement pages and acknowledge that I have received and read a copy of such rules. I certify that I am responsible for the protection of the building and its contents during the length of this reservation. I further understand that the Norma Anders Public Library reserves the right to cancel this agreement for any reason deemed necessary.

Signature

Date