

**DOVER FREE LIBRARY**

**(802) 348-7488**

*Reading Expands Your Mind*

**REQUEST FOR USE OF THE DOVER FREE LIBRARY COMMUNITY ROOM  
BY NON-LIBRARY GROUP**

Please print this form, complete it and return it in person, by mail (PO BOX 267, E DOVER, VT 05341)  
or fax (802-348-9306) to the Dover Free Library, Attn: Library Director

PLEASE PRINT

Date of request \_\_\_\_\_

Dates and times that use of the Community Room is desired \_\_\_\_\_

Alternate dates and times \_\_\_\_\_

Full name of group requesting use of Community Room (Please be specific. Include name of parent organization and, if applicable, name of committee, department, team, troop number, *etc.*)

\_\_\_\_\_  
\_\_\_\_\_

***Check all appropriate categories:***

Town of Dover Organization \_\_\_\_\_ Charitable \_\_\_\_\_ Cultural \_\_\_\_\_ Civic \_\_\_\_\_

Purpose of meeting \_\_\_\_\_

\_\_\_\_\_ Number of people expected (estimate) \_\_\_\_\_

Name of person responsible \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

