Anoka County Library
707 County Road 10 NE, Blaine MN 55434-2398
Phone (763) 785-3695 Fax (763) 717-3262

Meeting Room Request For Appeal

Date/Days Requested: _____ **Library Building:** _____

Time: Starting _____ **Ending** _____ **Room:** _____
(if applies)

Expected Attendance: _____ **Is the General Public Welcome?** _____

Group Name: _____

Responsible Adult: _____

Address: _____
Street **Apt #**

_____
City **Zip**

Telephone: Home ( ) _____ **Work** ( ) _____
include area codes

The information you provide below will help determine the outcome of your appeal. What is the basis of your appeal? What is the purpose of your meeting and who is expected to attend? Library policy determines how the meeting room is used. What part of Library Policy do you wish waived?

_____
_____
_____
_____
_____
_____
_____

For Staff Use Only

Date form was completed: _____ Name of Staff completing form: _____

Comment: Why Use Request was denied:

_____
_____
_____
_____
_____

_____
Branch Librarian Signature

FORWARD THIS FORM TO ASSISTANT DIRECTOR IMMEDIATELY