

SUMMIT PUBLIC LIBRARY DISTRICT

6233 S. Archer Rd

Summit, IL 60501

(708) 458-1545 - Phone

(708) 458-1842 - Fax

Email: summitlibrary@yahoo.com

APPLICATION FOR USE OF THE COMMUNITY ROOM

Date of Application: _____

Date Required: _____

Hours: From _____ to _____

Organization/Group: _____

Expected Attendance: _____

Audio-Visual Equipment _____

Arrangement of Room: _____

Contact Name: _____

Contact Number: _____

LIBRARY HOURS (Effective – September 7, 2021)

Monday:	10:00AM	-	7:00PM
Tuesday:	10:00AM	-	7:00PM
Wednesday:	10:00AM	-	7:00PM
Thursday:	10:00AM	-	7:00PM
Friday:	10:00AM	-	2:00PM
Saturday:	10:00AM	-	2:00PM
Sunday:	Closed		

The library is not responsible for losses due to cancellation of meeting.

RESPONSIBILITY: The person signing this application will be held responsible for any breakage occurring during the use of the room by the group.

INSURANCE: The public liability insurance coverage of the library does not cover the negligence of the user(s) nor will it protect the user(s) if suit is brought against him or her.

ADA: Any person or group using the library’s facilities agrees to take on all responsibility for complying with ADA requirements.