

**Middlebury Public Library  
Larkin Room Application**

Name of Organization: \_\_\_\_\_

Pres./Chair: \_\_\_\_\_ Phone# (wk): \_\_\_\_\_ (hm): \_\_\_\_\_

Address: \_\_\_\_\_

Name of authorized person making application: \_\_\_\_\_

Phone# (wk): \_\_\_\_\_ (hm): \_\_\_\_\_

Meeting date: \_\_\_\_\_ Convene: \_\_\_\_\_ Adjourn: \_\_\_\_\_

Title of Program: \_\_\_\_\_ Speaker's Name: \_\_\_\_\_

Kitchen facilities will: \_\_\_\_\_ will not: \_\_\_\_\_ be needed. Anticipated attendance: \_\_\_\_\_

**\*Please note:** Organizations using the Larkin Room are responsible for setting up and taking down chairs, tables, and other equipment used during their meeting. They are responsible for seeing that the Larkin Room and kitchen are left in a neat, clean condition.

The facility is available between 10:00 a.m. - 5:00 p.m., on Monday, Wednesday, Thursday, Friday; and 10:00 a.m. - 8:00 p.m., on Tuesday. The building is closed on all legal holidays.

- **A Certificate of Insurance is required by the Town of Middlebury**
- A \$100 security deposit check made out to Town of Middlebury, Memo: Library Larkin Room Deposit is required.
- If any special arrangement need to be made, contact the Library Director at (203) 758-2634 or by email at [ilorusso@middlebury-ct.org](mailto:ilorusso@middlebury-ct.org).

**When signed by the Library Director, this application signifies agreement of the organization to abide by the Larkin Room Policy.**

*I, the undersigned, have read the Larkin Room Policy and Guidelines governing the use of the Middlebury Public Library Larkin Room and agree to abide by it.*

Signature of the authorized representative: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit check should be returned to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\$100 deposit returned: \_\_\_\_\_ Not returned: \_\_\_\_\_

Reason for withholding deposit: \_\_\_\_\_

**Confirmation of application should be mailed to:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Use of MPL Larkin Room on \_\_\_\_\_ is \_\_\_\_\_ is not \_\_\_\_\_ confirmed.

Signature of  
Library Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Send a copy of this application to: Library Director, Middlebury Public Library, 30 Crest Road, Middlebury, CT 06762 with the \$100 Security Deposit check and Certificate of Insurance.**