Field Information

Facility Requested: Schoenoff Meeting Room—Lake Wales Public Library
Date(s) Requested:____/____/____
Hours of Use:_____

Applicant Information

Name:_____
Name of Group or Organization:_____
Address:_____
Phone:____(_____)_____-_____
Fax:__(_____)_____-_____
Email:_____
Type of Use:_____

The "Rules and Regulations" for use of the Schoenoff Meeting Room—Lake Wales Public Library has been received and read by the applicant. The applicant is responsible for the program and damages/charges which might result. The applicant agrees to abide by the rules and regulations as published.

_____ ____/____/____
Signature of Applicant Date

Usage Charges (To be completed by a library representative)

Facility Rental ($73 for the first hour, $21.75 each additional hour—for profit only)	
Damage Charges ($73 charge only if damages occur or if the meeting room is not cleaned up properly)	
Lost Key Charge ($6.90)	
Tax (7%)	
TOTAL	

Make Checks Payable to the City of Lake Wales

Office Use Only

Authorized by:_____
Date Listed on Calendar:_____/_____/_____

Effective Oct. 1, 2019 – Sept. 30, 2020

Lake Wales PUBLIC LIBRARY