

**Hooksett Public Library
Meeting Room Agreement Form**

Organization: _____

Responsible party:

Name: _____ Phone: _____

Email: _____ Contact Preference: phone email

Alternate responsible party:

Name: _____ Phone: _____

Email: _____ Contact Preference: phone email

4-digit alarm code: _____

**The person(s) signing this form agrees to be in attendance at the event
and is responsible for the observance of the Hooksett Public Library
Meeting Room Policy and Code of Conduct policy statements.**

Signature Primary: _____ Date: _____

Signature Alternate: _____ Date: _____

*Agreement shall be renewed annually or in the event of a newly appointed
responsible party.*