

*Library Hours:*

Monday-Tuesday 9:00 a.m. – 8:00 p.m.  
Wednesday-Thursday 9:00 a.m. – 6:00 p.m.  
Friday 9:00 a.m. – 5:30 p.m.  
Saturday 9:00 a.m. – 4:00 p.m.  
Sunday 12:00 p.m. – 4:00 p.m. (Sept-May)



Waukee Public Library  
950 S. Warrior Lane  
Waukee, IA 50263  
P: (515) 978-7944  
[AskMe@waukee.org](mailto:AskMe@waukee.org)

**Waukee Public Library Meeting Room Agreement**

Complete and return agreement to the Waukee Public Library in person or by email prior to meeting.

|  |     |
|--|-----|
| Is your group a tax-exempt non-profit organization or recognized civic group? YES NO |     |
| Name of Organization:  |     |
| Purpose of Meeting:  |     |
| Number of Attendees:   |     |
| Date of Meeting:   |     |
| Time of Meeting: From:   | To: |
| Contact Person:  |     |
| Position in Organization:  |     |
| Address:   |     |
| Phone:   |     |
| Email:   |     |

Room Requested:

|                        | Maximum Occupants     | Amenities                               |
|------------------------|-----------------------|---|
| Waukee Meeting Room    | 12 seated at table    | 1 Table & 12 chairs                     |
| Coal Mine Meeting Room | 36 seated at 8 tables | 8 Tables, 36 chairs, projector w/screen |

**Please initial:**

- I hereby acknowledge that I have read and agree to follow the Waukee Public Library Meeting Room Policy.
- I agree to be responsible for all costs and damages that occur to the room, its contents, and furniture/equipment beyond normal vacuuming and trash removal.
- I hereby acknowledge I am responsible for returning the room to the original configuration and exiting the room 15 minutes prior to library closing time.

**Misrepresentation of the above data or failure to abide by the library’s policies will be cause for denial of further use of the meeting room.**

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |
|---|
| Library Use Only: Approved by: _____ Date: _____<br>Special Notes/Instructions: _____ |
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