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.