

**Facility Rental Agreement
North Grenville Public Library**

P.O. Box 538, 1 Water Street
Kemptville, ON K0G 1J0
613-258-4711 613-258-4134 (fax)

info@ngpl.ca

Contact Name:	
Address: P.O. Box # or Street Address	
Town Postal Code	
Telephone	
e-mail address	
Organization Name (if applicable)	
Use of Room	
Date and Time Requested	
Room Requested	
Conditions	

The undersigned has read and on behalf of the Lessee agrees to be bound by this Application and the Terms and Conditions contained herein and attached hereto, and hereby warrants and represents that he/she executes this Agreement on behalf of the Licensee and has sufficient power, authority and capacity to bind the Licensee with his/her signature.

Signature _____ **Date:** _____

Date and Time Confirmed: _____

Staff Use: Please Photocopy Completed Form and Give to Patron	
Library Staff Signature: _____	
Payment: _____	Date _____
Cheque: _____	Cash: _____