

CUMBERLAND PUBLIC LIBRARY
REQUEST FOR USE OF STUDY ROOM
 (Subject to Cumberland Public Library's Study Room Policy)

Date/Time of Application _____

Applicant's Name _____

Address _____
 (Street Address)

 (City) (State) (Zip)

E-mail _____

Telephone: Home _____ Work _____ Cell _____

	(8hrs./week max)	(Subject to avail.)
	(3 hrs. /day max)	(1,2 or 3)
Day/Date	Time (from-to)	Total # of Hours
		Room Preference

I, the undersigned, have read, understand, and agree to abide by the Cumberland Public Library's policy relative to the procedures, usage and conditions applicable to the use of the Study Room.

SIGNATURE: _____