



**Maine Township, 1700 Ballard Road, Park Ridge, IL 60068
Telephone: 847-297-2510 - Facsimile: 847-297-1335**

PUBLIC MEETING ROOM

To reserve the use of the Maine Township Community Room (Meeting Room), you must agree to the following Meeting Room Use Policy.

MEETING ROOM USE POLICY

A. TYPES OF MEETINGS

The Meeting Room is open to the public; however, the use of the Meeting Room is limited. Priority for use of the Meeting Room is as follows:

1. Township-sponsored Programs and Meetings.
2. Meetings of Not-for-Profit Maine Township Condominium Associations and Not-for-Profit Maine Township Homeowners Associations who do not have their own meeting room.
3. Meetings of other Groups or Organizations, the majority of whose members are residents of Maine Township.

B. RESERVATIONS

1. Groups must submit, in person, a Meeting Room Request Form. All Room Requests will be reviewed and you will be notified within 48 hours whether it has been accepted. **The contact person at Maine Township is Doriene Prorak. Telephone: 847-297-2510, Ext. 237. E-mail: dprorak@mainetown.com**
2. Groups must select a member to act as the contact person and assume responsibility for the Group. The contact person will complete the Meeting Room Request Form. The contact person must be a current Maine Township resident with a Government-issued I.D.
3. The Meeting Room may be booked no more than two (2) months in advance.
4. There will be a \$25.00 charge for Not-for-Profit Organizations and a charge of \$35.00 for all other Groups. Payment must be made at least one week prior to their scheduled meeting date.
5. Groups must submit a Certificate of Insurance at least one week prior to their scheduled meeting date naming Maine Township as an additional insured.

Payment for use of the Meeting Room and the Certificate of Insurance must be submitted to Maine Township at the same time.

6. Groups must select the room setup style on the Meeting Room Request Form.

7. A representative of the Group must complete a Record of Meeting Use Form after each use and submit it to the Building Monitor at the Front Reception Desk. The representative must also confirm with the Building Monitor that everyone in his/her Group has left the building.
8. As a courtesy, Maine Township requests that Groups notify Town Hall of a cancellation no less than 24 hours before their scheduled meeting date.
9. The Township reserves the right to change or cancel Meeting Room Reservations due to unusual circumstances, and will notify Groups at least 48 hours before the scheduled meeting date.

C. RULES OF USE

1. Groups may use the Meeting Room on Monday through Thursday during the hours of 5:30 p.m. to 8:30 p.m. and on Saturday during the hours of 9:00 a.m. to 11:30 a.m. Please note that the first and second Wednesdays of each month are not available due to regularly scheduled Township Meetings.
2. The maximum amount of people allowed in the Meeting Room at one time is 80.
3. Members of Groups using the Meeting Room are restricted to the Meeting Room, the Kitchen and Restrooms adjacent to the Meeting Room, and the designated doors, stairs, elevator and corridors used to enter and leave the building.
4. Food and non-alcoholic beverages may be served in the Meeting Room; however, you must provide your own plates, bowls, silverware, glasses and napkins. Groups may use the kitchen for preparation of food; however, use of the stove, refrigerator, drawers and cabinets are prohibited. Groups may use the Coffee Machine; however, you must provide their own coffee, sugar, creamer, filters and cups.
5. Groups are responsible for restoring the Meeting Room to the condition prior to their meeting.
6. Groups are responsible for the cost of repairing damage to equipment, furniture or the building caused by people in attendance at their meeting.
7. Nothing may be sold to the public in Town Hall.
8. Smoking is not permitted in Town Hall.
9. Any requested exceptions to the Meeting Room Use Policy must be approved by the Maine Township Board of Trustees.

MEETING ROOM REQUEST FORM

DAY AND DATE OF MEETING _____

TIME (ARRIVAL) FROM _____ TO _____ NO. OF PEOPLE _____

NAME OF ORGANIZATION/GROUP _____

NOT-FOR-PROFIT ORGANIZATION YES _____ NO _____

NAME OF CONTACT PERSON _____

ADDRESS OF CONTACT PERSON _____

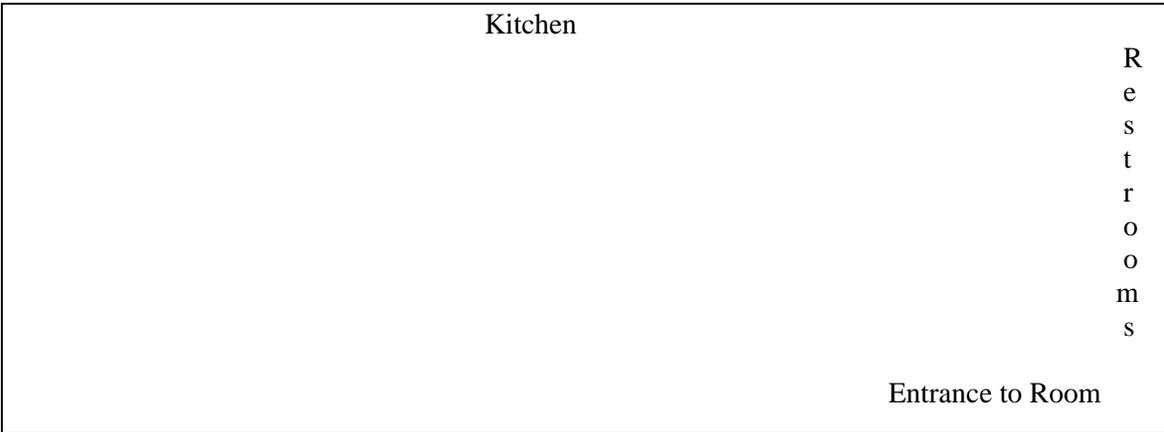
TELEPHONE NO. OF CONTACT PERSON _____

SPECIAL EQUIPMENT REQUEST (Circle): MICROPHONE PODIUM

ROOM SET UP:

NO. OF CHAIRS _____ NO. OF TABLES _____

IN THE SPACE BELOW, PLEASE SHOW A DIAGRAM OF THE TYPE OF SET UP YOU NEED:



_____ AGREES TO COMPLY WITH THE MAINE
(NAME OF GROUP)

TOWNSHIP MEETING ROOM USE POLICY.

BY: _____
SIGNATURE

DATE

NAME (PLEASE PRINT)

FOR OFFICE USE ONLY:

_____ **GOVERNMENT ISSUED I.D. RECEIVED**

_____ **PAYMENT RECEIVED**

_____ **CERTIFICATE OF INSURANCE RECEIVED**

PLEASE COMPLETE, SIGN, DATE AND SUBMIT TO THE BUILDING MONITOR BEFORE LEAVING THE BUILDING. THANK YOU.

RECORD OF MEETING USE FORM

NAME OF ORGANIZATION/GROUP _____

DAY AND DATE OF EVENT _____

TIME OF ARRIVAL _____ **TIME OF DEPARTURE** _____

NO. OF PEOPLE IN ATTENDANCE _____

BY: _____
SIGNATURE

DATE

NAME (PLEASE PRINT)