



HUMBOLDT LIBRARY  
**COUNTY OF HUMBOLDT**  
1313 THIRD STREET EUREKA, CALIFORNIA 95501  
PHONE (707) 269-1900

**Humboldt County Library Application for use of  
Garberville Conference Room**

*Please Print Legibly*

Name of Organization: \_\_\_\_\_

Name of responsible person or group representative applying: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home or Cell: \_\_\_\_\_

Applicant's email address: \_\_\_\_\_

Applicant's library card or driver's license no.: \_\_\_\_\_

Date of meeting: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Subject or purpose of meeting: \_\_\_\_\_

Refreshments: WILL \_\_\_ WILL NOT \_\_\_ be served.

(Alcohol may NOT be consumed under any circumstances)

Estimated Attendance: \_\_\_\_\_

Please be aware that this form must be completed and on file with the Garberville Library Branch Coordinator at least two weeks in advance of the meeting, or your reservation will be cancelled. A Certificate of Insurance of general liability must also be on file with Library (the certificate must name the County of Humboldt as an additional insured party for coverage of one million dollars), or your reservation will be cancelled.

ATTACHMENT 3

*The applicant hereby agrees to hold the County of Humboldt, its Board of Supervisors, the individual members thereof and all officers, agents and employees free and harmless of any loss, damage, liability, and cost of defense that may arise in any way by such use or occupancy of Library facilities.*

*I hereby certify that I have read the Library Policies for use of the Library's meeting room and I realize that the Humboldt County Library reserves the right to deny any application or to revoke permission previously granted. It is my responsibility to notify the Library of any cancellations of my part.*

*I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained by the Library building, furnishings or equipment through the occupancy, or use of said facilities by the applicant.*

*I further state that, to the best of my knowledge, the property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law, or for the commission of any crime.*

*I declare under penalty of perjury that the foregoing is true and correct.*

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

Please mail or email application to:

Humboldt County Library  
Attn: Administration  
715 Cedar Street  
Garberville, CA 95542

GARHUML@co.humboldt.ca.us

**For Library Use Only:**

Applicant has "Certificate of Insurance" on File: YES\_\_\_ NO\_\_\_ N/A\_\_\_

Applicant has paid fee: YES\_\_\_ NO\_\_\_ N/A\_\_\_

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_