

# West Union Community Library

210 N. Vine St., West Union, IA 52175

(563) 422-3103 - [www.westunion.lib.ia.us](http://www.westunion.lib.ia.us) - [webmaster@westunion.lib.ia.us](mailto:webmaster@westunion.lib.ia.us)

## West Union Community Library Meeting Room Policy:

**The West Union Community Library has meeting rooms available for use by community organizations and community members.**

### Guidelines

- Organizations or groups may use the meeting rooms to promote cultural, educational, service, or civic activities.
- The Heiserman Room is available for private party use.

### Hours Available - Library Hours

Monday, Wednesday, Friday: 10:00 am - 5:30 pm

Tuesday, Thursday: 10:00 am – 6:00 pm

Saturday: 9:00 am – 12:00 pm

**After Hours availability** (in consultation with Library Staff)

Saturday: 9:00 am - 9:00 pm

Sunday: 9:00 am - 9:00 pm

*Room requests that include hours outside of the above-stated hours require special consideration by the Library Staff and MAY include consultation with the Library's Policy Committee. Weekday meetings after hours on main floor are possible by special request. Please note that special requests take additional time for approval.*

### Reservations

- All reservations must be made in writing. Reservations will be accepted no more than 6 months ahead of time and a minimum of one week in advance.
- Reservations must be made by an adult who will be held responsible for any damage incurred to the building or equipment. This adult must also be in charge of any children/minors under age 18 attending the meeting.
- Proof of insurance is required for Lower Level Room rental for private social events. (Homeowners or parent organization insurance is sufficient.)
- All attendees are expected to follow the Library Patron Behavior Policy.
- Groups wishing to use the facility for regular, periodic meetings must obtain permission from the Library Board on a quarterly basis.
- Long-term room usage requires a written request to the Board of Trustees.
- A \$50 refundable deposit is required for rooms in lower level.

### Make a Room Reservation

**•Reservation is confirmed only when a Facility Permit is issued.**

To confirm a lower level room reservation for your event, you must return the following to the Library:

1. Completed application form and signed facility permit
2. Proof of insurance if required (Lower Level Room rental only)
3. Refundable Deposit (Lower Level Room rental only)
4. Room usage fees

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## West Union Community Library Meeting Room Policy:

*-Continued-*

### **Reservation Priorities**

The library reserves the right to cancel a reservation if the space is required for its own use (or use by the City of West Union.) Every effort will be made to give adequate notice.

- 1. Library programs and activities*
- 2. Elections*
- 3. Friends of the Library programs and activities*
- 4. City of West Union programs and activities*
- 5. Community groups and individuals*
- 6. Other groups outside the immediate community on an individual basis*

### **Not permitted**

- Financial transactions, direct and indirect sales, and the solicitation of customers or clients, are not permitted. Exceptions include: charges to cover class participation and the normal collection of dues or memberships.
- Meeting room users must follow all applicable City codes. Smoking, chewing tobacco, and vaping are prohibited on the entire Library Campus. Permission for alcohol use, such as wine tasting, must be requested by submission of completed Limited Alcohol Use form.
- Candles and open flames in the library or on library grounds are not permitted.

*Library and Friends of the Library functions are exempt from these regulations*

The Library Director is authorized to deny permission for the use of the meeting rooms to any group or individual that is disorderly or violates these regulations. The Library reserves the right to determine whether the proposed use of the facilities is appropriate and to give or withhold permission for such use. To promote the accessibility of the meeting rooms to a wide variety of community groups, the library may limit meetings for any organization.

### **Disclaimers**

Groups convening are neither endorsed nor affirmed by the Library Board of Trustees, staff or the City of West Union. The library is not responsible for accidents, injury, or loss of individual property while using the meeting room.

No event should be advertised in a manner that suggests library sponsorship when there is none.

Exemptions or special considerations are at the discretion of the Library Director and the Board of Trustees.

Clarifications to the policy will occur as necessary.

**West Union Community Library  
Lower Level Meeting Room Application**

**DATE OF USE:** \_\_\_\_\_ **DAY OF WEEK:** \_\_\_\_\_

**REQUESTED ROOM:**

\_\_\_\_\_ Windsor Room, seats approx. 24-30      \$30/4 hours; \$10 each add'l hour; \$60/8 hours  
\_\_\_\_\_ Hospitality Room, seats approx. 15      \$30/4 hours; \$10 each add'l hour; \$60/8 hours  
\_\_\_\_\_ Heiserman Room Only, seats approx. 90      \$30/4 hours; \$10 each add'l hour; \$60/8 hours  
\_\_\_\_\_ Heiserman Room and Hospitality Room      \$50/4 hours; \$15 each add'l hour; \$100/8 hours

**DATE OF APPLICATION:** \_\_\_\_\_ (Applications are taken up to 6 months ahead of time.)

**NAME OF ORGANIZATION:** \_\_\_\_\_

**TITLE/PURPOSE OF EVENT:**

\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**TIME OF USE:** (includes set up and clean up time). Must be reserved ONE WEEK IN ADVANCE.

From: \_\_\_\_\_ To: \_\_\_\_\_

Actual meeting time—From: \_\_\_\_\_ To: \_\_\_\_\_

**ESTIMATED ATTENDANCE:** \_\_\_\_\_

*I have read the meeting room policy & agree to abide by it. I agree to take full responsibility for undue damage and excessive dirty or untidy, conditions to the building, rooms and/or City equipment and furniture.*

**SIGNATURE OF PERSON RESPONSIBLE:** \_\_\_\_\_

If a cancellation becomes necessary, please notify the library as soon as possible. Any cancellations made less than 48 hours in advance will result in forfeit of deposit.

Once the keys are returned (if checked out) and the room's cleanliness has been approved by staff, the deposit will be processed.

\_\_\_\_\_ I would like to donate the deposit to the West Union Community Library.

\_\_\_\_\_ I will pick up the deposit check within a week after room use.

\_\_\_\_\_ I would like the deposit shredded.

**To confirm a reservation of a Lower Level Room for your event, you must return the following to the Library:**

\_\_\_\_\_ Completed application form

\_\_\_\_\_ Proof of insurance – if required

**If approved, you will be asked to submit 2 separate checks:**

\_\_\_\_\_ Deposit of \$50

\_\_\_\_\_ Room usage fees

You will receive a Facility Permit confirming your dates and times. **Do not consider any space held for your group until you receive this confirmation.**

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\_\_\_\_\_ Entered in Calendar/Confirmed

\_\_\_\_\_ Key pick-up

\_\_\_\_\_ 48-Hour cancellation

**West Union Community Library  
Upper Level Meeting Room Application**

**DATE OF USE:** \_\_\_\_\_ **DAY OF WEEK:** \_\_\_\_\_

**REQUESTED ROOM:**

\_\_\_\_\_ Eden Community Room, seats approx. 16

\*These 2 rooms are available for use by groups to promote cultural, educational, service, or civic activities.

\_\_\_\_\_ Bethel Conference Room, seats approx. 8

\*Donations are greatly appreciated!

**DATE OF APPLICATION:** \_\_\_\_\_ (Applications are taken up to 6 months ahead of time.)

**NAME OF ORGANIZATION:** \_\_\_\_\_

**TITLE/PURPOSE OF EVENT:**

\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**TIME OF USE:** (includes set up and clean up time). Must be reserved ONE WEEK IN ADVANCE.

From: \_\_\_\_\_ To: \_\_\_\_\_

Actual meeting time—From: \_\_\_\_\_ To: \_\_\_\_\_

**ESTIMATED ATTENDANCE:** \_\_\_\_\_

*I have read the meeting room policy & agree to abide by it. I agree to take full responsibility for undue damage and excessive dirty or untidy, conditions to the building, rooms and/or City equipment and furniture.*

**SIGNATURE OF PERSON RESPONSIBLE:** \_\_\_\_\_

If a cancellation becomes necessary, please notify the library as soon as possible.

**If approved:**

You will receive a Facility Permit confirming your dates and times. **Do not consider any space held for your group until you receive this confirmation.**

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\_\_\_\_\_ Entered in Calendar/Confirmed

\_\_\_\_\_ Key pick-up

\_\_\_\_\_ 48-Hour cancellation

**West Union Community Library  
Facility Permit & Meeting Room Checklist**

**Prior to Meeting**

\_\_\_\_\_ confirm reservation and remit payment

**Upon Arrival for Meeting**

\_\_\_\_\_ each group is responsible for setting up the room and returning it to its original condition

\_\_\_\_\_ no materials or property shall be moved in or attached that will damage floors, walls, or woodwork

**During Meeting**

\_\_\_\_\_ library staff is not available for taking phone calls or delivering messages, except on an emergency basis

\_\_\_\_\_ the library has a kitchenette available for use, including a microwave, refrigerator, and sink. Each group must furnish their own supplies such as coffee, napkins, paper products, etc.

\_\_\_\_\_ groups using the meeting rooms will be responsible for proper supervision of children in attendance

**After the Meeting**

\_\_\_\_\_ renter is responsible for all clean-up of meeting room, including

wiping tables and chairs

wiping off counters and kitchenette area (if applicable)

disposing of trash

vacuuming

flushing toilet

returning room to its original condition and arrangement

turning off lights

lock doors

\_\_\_\_\_ prior to departure, report any spills or maintenance issues

\_\_\_\_\_ return the key to library within 24 hours, if library is closed at the end of your event

**The library is not responsible for any materials left at the library.**

*I have read the meeting room policy & agree to abide by it. I agree to take full responsibility for undue damage and excessive dirty or untidy, conditions to the building, rooms and/or City equipment and furniture.*

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**SIGNATURE OF RENTER**

**DATE**

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**SIGNATURE OF LIBRARY STAFF**

**DATE**

**West Union Community Library**  
**Heiserman & Hospitality Room, including Limited Alcohol Use (Beer and Wine Only)**

DATE OF USE: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_

**REQUESTED ROOMS:**

\_\_\_\_\_ Heiserman Room and Hospitality Room                      \$50/4 hours; \$15 each add'l hour; \$100/8 hours

DATE OF APPLICATION: \_\_\_\_\_ (Applications are taken up to 6 months ahead of time.)

NAME OF ORGANIZATION: \_\_\_\_\_

TITLE/PURPOSE OF EVENT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

TIME OF USE: (includes set up and clean up time). Must be reserved ONE WEEK IN ADVANCE.

From: \_\_\_\_\_ To: \_\_\_\_\_

Actual meeting time—From: \_\_\_\_\_ To: \_\_\_\_\_

**ESTIMATED ATTENDANCE:** \_\_\_\_\_

*I have read the meeting room policy & agree to abide by it. I agree to take full responsibility for undue damage and excessive dirty or untidy, conditions to the building, rooms and/or City equipment and furniture.*

I, \_\_\_\_\_, hereby agree to hold harmless the City of West Union Public Library and/or the City of West Union, Iowa, of any liability regarding the serving and consumption of alcohol by anyone in any meeting room of said library. Additionally, I agree to serve alcohol only to those in attendance who are of legal age. By signing this hold harmless waiver provision, I understand that I forever waive, discharge, and/or prevent any legal actions for liability in the future and the City of West Union Public Library and/or the City of West Union, Iowa, will be immune hereinafter.

**SIGNATURE OF PERSON RESPONSIBLE:** \_\_\_\_\_

If a cancellation becomes necessary, please notify the library as soon as possible. Any cancellations made less than 48 hours in advance will result in forfeit of deposit.

Once the keys are returned (if checked out) and the room's cleanliness has been approved by staff, the deposit will be processed.

\_\_\_\_\_ I would like to donate the deposit to the West Union Community Library.

\_\_\_\_\_ I will pick up the deposit within a week after room use.

\_\_\_\_\_ I would like the deposit shredded.

**To confirm a reservation of a Lower Level Room for your event, you must return the following to the Library:**

\_\_\_\_\_ Completed application form

\_\_\_\_\_ Proof of insurance, including \$1 million liability insurance

**If approved, you will be asked to submit 2 separate checks:**

\_\_\_\_\_ Deposit of \$100

\_\_\_\_\_ Room usage fees

You will receive a Facility Permit confirming your dates and times. **Do not consider any space held for your group until you receive this confirmation.**

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\_\_\_\_\_ Entered in Calendar/Confirmed                      \_\_\_\_\_ Key pick-up                      \_\_\_\_\_ 48-Hour cancellation