

**Cloquet Public Library  
Meeting Room Fee Waiver Request Form**

Dear Library Board:

I am writing to request a fee waiver or reduced fee for use of the library meeting rooms. By submitting this request, I understand that the decision to allow fee waivers or reduced fees is contingent upon the approval of the Cloquet Library board. I further understand that all, a portion of, or none of this request may be approved. I have read and agree to abiding by the Renter Responsibilities Guidelines for Use and accept that any damages or misuse of the space will result in loss of privileges of future room use.

I am providing the following information for your consideration:

**Organization Name:** \_\_\_\_\_

**Responsible Official** (this is the person to whom we will respond):  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

One time or continuing basis: \_\_\_\_\_

Type of Submitter/Organization:     Public     Private non-profit

I have included proof of non-profit status.     Yes     No     Not applicable

Reasons for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount willing or able to pay:  
\_\_\_\_\_

**Signature:**  
\_\_\_\_\_

**Date:** \_\_\_\_\_

To submit this form for library board consideration, print and return it to the library or scan it and email to [cloquet.library@gmail.com](mailto:cloquet.library@gmail.com).