HALT0M CITY PUBLIC LIBRARY

CANCELLATION OF REQUEST FOR MEETING ROOMS/AUDITORIUM

Today's Date _____

Your Name _____ Contact Phone # _____

Representing (name(s)) _____

Date room/auditorium needed (to be canceled): _____

Reason for cancellation (brief explantion)

_____

_____

_____

_____

Has fee been paid _____ Yes _____ No

Has deposit been made _____ Yes _____No

_____ _____

Signature of Individual Requestor Date

For HCPL use only:

Date form received: _____ Verified: _____ Yes _____ No

Refund of fees to be made: _____ Yes _____ No

Amount of refund: _____

Refund of deposit to be made: _____ Yes _____ No

Amount of Deposit refund _____

_____ _____

Staff Signature Date