



# City of Port Lincoln

Template No 16-6-T14

**Address:** Port Lincoln Library, 2 London St, Port Lincoln SA 5606  
**Postal Address:** 2 London St, Port Lincoln SA 5606  
**Email:** [ptlincolnlibrary@plcc.sa.gov.au](mailto:ptlincolnlibrary@plcc.sa.gov.au)  
**Web:** [www.portlincoln.sa.gov.au](http://www.portlincoln.sa.gov.au)  
**Library Telephone:** (08) 8621 2345

## PORT LINCOLN LIBRARY COMMUNITY ROOM BOOKING APPLICATION

### 1. ELIGIBILITY

Permits will be issued to government agencies, charitable (not-for-profit) organisations, schools and community groups pending availability of venue.

### APPLICATION FORM PART A

I, ..... (name)

Of .....(address)

On behalf of ..... (Organisation if applicable)

Phone no.....

Mobile no ..... Email .....

Hereby apply for permission to utilise the community room at the Port Lincoln Library, 2 London St, Port Lincoln:

Between.....(time and date/s)

Approximate numbers attending: .....

Multimedia projector required

*I agree to indemnify and hold harmless the City of Port Lincoln and its staff against all actions, proceedings, claims, demands, damages and costs whatsoever which may be taken or made against the City of Port Lincoln in respect to the use of the room and equipment therein irrespective of whether such action, claim, demand, damages or costs should arise from the manner of use of the said venue and equipment and I further agree to pay the cost of any damage to the room incurred and to replace or repair the equipment which is in the opinion of the City of Port Lincoln rendered necessary as a consequence of the misuse, neglect, loss or damage of the venue / equipment while on loan to me.*

*I agree to take full responsibility for the venue and equipment while on loan to me, ensure that it is used in the manner intended, in a safe and secure environment.*

Signature of Applicant..... Date.....

### Office Use

- Booked in Outlook Calendar community room
- Records no 16.6.1.7