



Albany Public Library
 2450 14th Avenue SE
 Albany, OR 97322-6880

Facility Use Agreement

NAME OF AGENCY/GROUP: _____
 (Please Print)

User Acceptance

I acknowledge that I have received a copy of the Albany Public Library Facility Use Policy and that my agency/group will comply with the policy and procedures while using the Library. I understand that if my agency/group fails to comply with the policy or if there is damage to Library facilities because of my agency's or group's actions, future use of Library facilities will be denied.

NAME (please print): _____

TITLE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE(S) OF EVENT: _____

TIME OF EVENT: _____ Approximate # of people expected: _____

 Signature Date

You must check availability to schedule the Meeting room, either e-mail sheena.dickerman@cityofalbany.net or call 541-917-7590.



FOR LIBRARY USE ONLY

Date Signed Facility Use Agreement Received: _____

Library Staff Initials: _____