



**Albany Public Library**  
2450 14<sup>th</sup> 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, as well as the posted Rules of Conduct. I understand that if my agency/group fails to comply with these policies and procedures 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: \_\_\_\_\_

START & END 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](mailto:sheena.dickerman@cityofalbany.net) or call 541-917-7590.*

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**FOR LIBRARY USE ONLY**

Date Signed Facility Use Agreement Received: \_\_\_\_\_

Library Staff Initials: \_\_\_\_\_