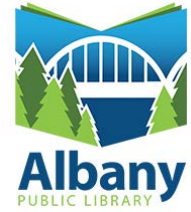




Facility Use Agreement

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



NAME OF AGENCY/GROUP: _____

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: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE(S) OF EVENT: _____

START TIME: _____ END TIME: _____ APPROX. # OF PEOPLE EXPECTED: _____

PLEASE CHECK:

Will you be using AV equipment? Y N Have you used Library AV Equipment before? Y N

Do you have your own AV cords? Y N Will you require assistance with AV? Y N

Do you have an Albany Library card? Y N
(You must have an Albany Library card to check out AV cords)

Signature

Date

**To check availability to schedule the Meeting room, either email
elise.schuh@cityofalbany.net or call 541-917-7590.**

FOR LIBRARY USE ONLY

Date Signed Facility Use Agreement Received: _____ Library Staff Initials: _____