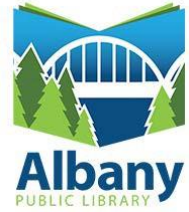




# Facility Use Agreement

Albany Public Library  
2450 14<sup>th</sup> 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 submit a request through our [Contact Form](#) or call 541-917-7590.**

## **FOR LIBRARY USE ONLY**

Date Signed Facility Use Agreement Received: \_\_\_\_\_ Library Staff Initials: \_\_\_\_\_