

Facility Use Application

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



Name of Organization/Group:		
Description of Event or Activity:		
Name:	Title:	
Phone:		
Email:		
Address:		
City, State, Zip:		
Date(s) of Event:	Start Time:	End Time:
Approx. # of People Expected:		
mounted panel where you can conne	y: 148 with Chairs, 69 with Tables & the kitchenette? room have a large TV, a projector, a ect your own equipment to the system ones are available upon request. The bany Public Library Card, you may dequipment? the microphones?	Chairs) and a projection screen. There is a wall- stem. Available connections: HDMI and he Library does not provide AV cords in
I acknowledge that I have received a conganization/group will comply with the of Conduct. I understand that if my orgethere is damage to Library facilities or Library will be denied.	he policy and procedures while using ganization/group fails to comply with	g the Library as well as the posted Rules th these policies and procedures or if
	Signature	 Date
•	a U.S. Mail to Albany Public Library, 2 email to <u>aplreservations@albanyoreg</u>	2450 14 th Avenue SE, Albany, OR 97322 on.gov.
FOR LIBRARY USE ONLY Date Reco	eived	Library Staff Initials:
☐ Approved ☐ Approved with Changes	s □ Denied	