



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: _____

Signature

Date

*You must check availability to schedule the Meeting room, either e-mail
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: _____