

**ATLANTA-FULTON PUBLIC LIBRARY SYSTEM
MEETING ROOM APPLICATION**



GENERAL INFORMATION

Name of Group: _____
Contact Person: _____ Position: _____
Address: _____
City, State, Zip Code: _____
Phone: HOME: () _____ FAX: () _____
WORK: () _____ EMAIL: _____
Library Card Number: _____
(The contact information above may be given to any person inquiring about this meeting.)

MEETING ROOM LOCATION

Library Location: _____
(Please request Central Library, Auburn Avenue, or Branch Name)
Room: _____
(Please request room: Alcove, Auditorium, 2nd Floor, 3rd Floor)

REQUEST INFORMATION

DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____
DATE: _____	DAY: _____	TIME FROM: _____	TO: _____

PURPOSE OF MEETING:

AUDIOVISUAL EQUIPMENT REQUEST - CENTRAL LIBRARY ONLY

Audiovisual equipment is available **only** at the Central Library. If audiovisual equipment is needed, groups **must** request equipment by completing the attached "Audiovisual Equipment Request & Check-Out Form" at least two (2) days in advance of event. Submit completed form to the Central Library Administrator's Office or fax it to (404) 730-1818.

Each group is responsible for arranging the room in the manner in which they find most appropriate their meeting. Each group is also responsible for leaving the room in the manner in which it was found.

I HAVE READ THE REGULATIONS GOVERNING USE OF THE MEETING ROOMS AND THE LIBRARY SYSTEM'S CODE OF CONDUCT AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. I UNDERSTAND AND AGREE THAT FEES FOR DAMAGE TO THE FACILITY WILL BE ASSESSED TO MY LIBRARY CARD RECORD. I ALSO UNDERSTAND THAT PERMISSION TO USE A LIBRARY MEETING ROOM **DOES NOT IMPLY** ENDORSEMENT OF THE AIMS, POLICIES, OR ACTIVITIES OF ANY GROUP OR ORGANIZATION.

FOR STAFF USE ONLY APPROVED DENIED

Date Reviewed: _____ Reviewed/Approved By: _____
NOTES: _____

Atlanta-Fulton Public Library System
Audiovisual Equipment Request & Check-Out Form



Requests for audiovisual equipment require a minimum 2 day advance written notice, using this request form.

Staff's Request for AV Equipment: Fax to 404-730-1818 or Email to xiomara.davis@fultoncountyga.gov with a cc: to dorothy.smith@fultoncountyga.gov

Name of Agency: _____
 Staff Name: _____
 Name of Program/Event: _____
 Date and Time of Program/Event: _____
 Location of Program/Event: _____
 Equipment Request: (Please list.) _____

Patron's Request for AV Equipment:

Name: _____
 Street Address: _____
 City: _____, GA; Phone #: _____
 Library Card # _____ / Type of Card: Individual Organizational
 Name of Program/Event: _____
 Date and Time of Program/Event: _____
 Location of Program/Event: _____
 Equipment Request: (Please list.) _____

Equipment Check-Out: (To be completed by Library Audiovisual Staff only.)

AV Equipment Needed: _____	Model# _____	Serial# _____
AV Equipment Needed: _____	Model# _____	Serial# _____
AV Equipment Needed: _____	Model# _____	Serial# _____
AV Equipment Needed: _____	Model# _____	Serial# _____
AV Equipment Needed: _____	Model# _____	Serial# _____

I acknowledge receipt of the audiovisual equipment listed on this form, and take full responsibility for its proper return. I also assume financial responsibility for this equipment, in the event of loss or damage to it.

Signature of Borrower: _____
 Equipment Check-Out Date: _____ Equipment Return Date: _____