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.

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: ____________________________
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.)

<table>
<thead>
<tr>
<th>AV Equipment Needed</th>
<th>Model#</th>
<th>Serial#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________

Rev. 101012