

**AMITYVILLE PUBLIC LIBRARY
APPLICATION FOR USE OF EQUIPMENT**

PLEASE PRINT

NAME _____

ADDRESS _____

PHONE NUMBER _____

LIBRARY BAR CODE NUMBER _____

ORGANIZATION _____

EQUIPMENT REQUESTED _____

MEETING DATE _____ MEETING TIME _____

I have read and agree to abide by all rules stated in the Amityville Public Library Audio-Visual Equipment Use Policy.

Signature of Applicant Date

Approved: Yes _____ No _____

Equipment was in full working order when received.

Signature of Applicant

Signature of Staff Member