



WASHOE COUNTY LIBRARY SYSTEM
 301 S. Center St.
 Reno, NV 89501

APPLICATION FOR USE OF LIBRARY FACILITIES

DATE: _____
STAFF SIGNATURE: _____
BRANCH/PHONE NUMBER: _____
PAID: _____

NAME OF ORGANIZATION: _____

Purpose of organization, if not obvious from name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____
 (please print legibly)

NUMBER OF PEOPLE EXPECTED TO USE FACILITY: _____

FACILITY REQUESTED:

BRANCH: _____

DATE OF ACTIVITY: _____

TIME OF ACTIVITY: FROM _____ TO _____

I AGREE TO ABIDE BY ALL LIBRARY POLICIES, AND ALL APPLICABLE LAWS. LIBRARY POLICIES ARE AVAILABLE ON THE LIBRARY WEBSITE, www.washoecountylibrary.us

I ALSO UNDERSTAND THAT IF I HAVE ANY CONCERNS REGARDING THE LIBRARY'S POLICIES, I CAN SPEAK TO THE BRANCH MANAGER OR LIBRARY ADMINISTRATION.

I represent another Washoe County Department using Washoe County Library Facilities.

I represent another Governmental Agency

Signature of contact person representing the organization:
