

REQUEST TO PHOTOGRAPH OR FILM IN THE LIBRARY

To be filled out by patron.

Please print.

Name of Organization and/or Individual _____

Name of Person Completing Form _____

Relationship to Organization _____

Address _____ Phone _____

Date and Time of Proposed Photographing/Filming _____

Describe the Purpose of Photographing or Filming _____

Any persons photographing and filming in the Library or on Library premises must comply with the Library's policy on PHOTOGRAPHING AND FILMING IN THE LIBRARY.

Date

Signature of person completing this form

FOR LIBRARY USE ONLY

Approved _____

Not approved _____

Scarborough Public Library

A copy of this form should be retained by the applicant.