

Photography and/or Recording Form

I,	_, agree to follow the Library's policies for	photography, recording,
agreed to and apply to both patrons and conducted safely, without risking a brea	ecording', on their property. All of the foll I staff. I understand that any Recording in ch of the library's ethics, with attention to ts our employees and doesn't disrupt routi	the Library must be its obligation to safeguard
Thank you so much for your cooperation.		
My Recording of the lib	orary is for non-commercial purposes only	
I have read and underst Policies.	and the Library's Code of Conduct and Pl	notography/Recording
•	individual within the library has the right on minor without express permission of the	•
My work will not be int	rusive or disruptive to others in the library	7.
My Contact Information:		
Name:		
Phone Number:		
Signature:	Date:	
Approval Granted		
	Signature	Date