

THE DISPLAY CASE REQUEST FORM



Park Ridge Public Library • 20 S. Prospect • Park Ridge, IL 60068 • (847) 825-3123

Request for Use of 2<sup>nd</sup> Floor Display Case or Kiosk (circle one)

Name: \_\_\_\_\_  
(Full legal name of Organization, if applicable)

Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_

Evening \_\_\_\_\_

Type of Exhibit (describe briefly): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Month Preference: \_\_\_\_\_ (The Library does not guarantee that this preference can be accommodated.)

I hereby acknowledge that I have read and received a copy of the "Display and Exhibit" policy and agree to comply with all of the provisions contained therein. I understand that the Park Ridge Public Library cannot be held responsible for any damage or theft that may occur during the period of time the exhibit is on display.

\_\_\_\_\_  
Signature

Approved  
Display Date: \_\_\_\_\_

\_\_\_\_\_  
Library Director or Designee

\_\_\_\_\_  
Date