

Chillicothe Public Library District
Display Request Application Form

Please review the Chillicothe Public Library District Display Policy before submitting your application.

I am applying: as an individual on behalf of an organization

Name: _____

Type of Display: _____

Organization (if applicable): _____

Address of Individual or Organization: _____

Phone Number of Individual or Organization: _____

Email: _____

Requested Month and Year for Display: _____

Please describe your proposed display:

I do hereby release and forever discharge the Board of Trustees of the Chillicothe Public Library District from any and all claims, demands, and causes of action which I, my assigns, successors, or heirs may now or hereafter have for any loss of or damage to my property as it relates to or results from being on display at the library.

Signed: _____

Date: _____

***** Library Use Only *****

Library Approval: _____

Date: _____

Month scheduled: _____