

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 PHOTOGRAPHING AND FILMING POLICY (see attached).

Date

Signature of person completing this form

FOR LIBRARY USE ONLY

Approved _____

Not approved _____

Maine State Library Management

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