



MERIDEN PUBLIC LIBRARY - PROJECTOR RENTAL AGREEMENT

Applicant Information

Name: _____ Date: _____

Address: _____

Driver's License #: _____ Library Card #: _____

Telephone: _____ E-mail: _____

Are you at least 18 years of age? ___yes ___no (Rental materials require a valid library card and photo ID.)

Rental Information

Loan Date: _____ Loan Pick-up Time: _____

To be returned by: Date: _____ Time: _____

Signature _____

Printed Name _____

Deposit (Meriden Public Library Staff Authorization)

Date: _____ Received deposit of: _____ (amount)

As Cash _____ Check _____ Check number _____

Staff Signature: _____ Date: _____

Equipment checked for all parts or damages

Date loaned: _____ Staff signature _____

Applicant signature _____

Date returned: _____ Staff signature _____

Applicant Signature _____

Refund

Deposit refunded in full- Date: _____ Staff signature: _____

Damage charges: Yes _____ No _____

If Yes, note damages and cost: _____

Applicant billed: _____ (amount) Date: _____