

Astoria Public Library Temporary Art Display Application

Applicant Name: _____

Organization (if applicable): _____

Address: _____

Phone Number: _____

Email Address: _____

Title of Exhibit or Artwork: _____

Description of Artwork (include subject matter and materials used):

Number of Pieces to be Displayed: _____

Preferred Display Dates: _____

Installation Requirements (if any): _____

Please attach photographs or images of the proposed artwork if available.

Applicant Certification

I certify that the information provided in this application is accurate and complete. I understand that artwork must comply with the Astoria Public Library Temporary Art Display Policy. I agree to install and remove artwork in accordance with library procedures and understand that the library assumes no responsibility for loss, theft, or damage to artwork.

Signature: _____ Date: _____

Library Use Only

Application Received By: _____

Approval Status: Approved / Denied

Display Dates Approved: _____

Library Staff Signature: _____