

# Taipei Public Library

## Application for Use of Library Facilities

Location			
Event		Type of Event	<input type="checkbox"/> Lecture <input type="checkbox"/> Exhibition <input type="checkbox"/> Concert <input type="checkbox"/> Conference <input type="checkbox"/> Contest <input type="checkbox"/> Ceremony <input type="checkbox"/> Others (specify)_____
Date Requested	Date	Start_____ End_____	
	Time	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Extra Hour(s)	Date _____	<input type="checkbox"/>	_____ am <input type="checkbox"/> _____ pm
Preparation	Date _____	<input type="checkbox"/>	_____ am <input type="checkbox"/> _____ pm
Rehearsal	Date _____	<input type="checkbox"/>	_____ am <input type="checkbox"/> _____ pm
Restoration	Date _____	<input type="checkbox"/>	_____ am <input type="checkbox"/> _____ pm
Equipment Needed	<input type="checkbox"/> Yes ( "Application For Use of Equipment and Check List" attached )		Ticket selling <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
	<input type="checkbox"/> No		
Fee	Deposit	NT\$ _____ (Refundable if no damage to the equipment rented)	
	Rental	NT\$ _____	
I hereby to certify I have read the related rules and regulations set by Taipei Public Library as well as the responsibility of caring for the facility rented. Should there be any violation of laws, I myself take full responsibility.			
Name of Organization: Name of Sponsor: ( Not for individual applicant )		Governmental Office Stamp Seal	Signature of Applicant: Telephone No.: Address:
Date Submitted: Remarks: *Date of notification: **Date of Cancellation:			

------(Office use)-----

Clerk	Manager	Other Related Units			Director

# Taipei Public Library

## Application for use of Equipments and Check List

Event	Name of Facility	Date of use	
<b>Equipment Requested</b>	<b>Quantity</b>		<b>Result and Reason</b>
Slide Projector * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Overhead Projector * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Multimedia Projector * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Microphone * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Wireless Microphone * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Tables * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Chairs * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
VIP lodge* _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Poster Stand * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
Hanger * _____			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:
			<input type="checkbox"/> OK <input type="checkbox"/> Other, Reason:

Note: Table cloths, paper cups and stationary are not available.

<b>Check Result</b>	<input type="checkbox"/> No damage, full refund	<b>Rental Dept.</b>	
	<input type="checkbox"/> _____ damaged, deduct NT\$ _____		
	<input type="checkbox"/> Did not clean up, deduct NT\$ _____	<b>Examiner</b>	
	<input type="checkbox"/> Overtime _____ hour(s), deduct NT\$ _____		

**Memos of Agreement:**

1. Users should notify Public Library Auditorium staff regarding turning on lights ,stereo,projection screen or installing new power cords or electronic equipments.
2. Users are responsible for set-up, clean up and garbage disposal as well as putting the facility back to its original-order.
3. Should there be any of the following incidents, the Public library staff are entitled to deduct fees from deposit directly or request for extra payment if deposit fund is insufficient: according to their own discursion:(a) damages to facility or equipments; (b) not fully cleaning up; (c) overtime usage.

**Authorized contact person :**

**Name of group:**

(For Group only)

..... ( office use ) .....

Clerk	Manager	Other Related Units			Director