

**Cobb County Public Library System
APPLICATION FOR PUBLIC ART DISPLAY**

Date of Application: _____

Branch Library: _____

Name of Artist or Group: _____

Contact Person/Applicant: _____

Address:

Res. Tel.: _____ Bus. Tel.: _____

Cell Tel.: _____ Email: _____

Description of Exhibit:

Preferred Date(s) of Exhibit:

I/We understand and agree to abide by the terms and conditions outlined in the Cobb County Public Library System's Public Art Display Policy. I/We further understand that the Cobb County Public Library System is not responsible for the theft or damage to items on exhibit, nor does it provide insurance to protect them. I/We understand that I am responsible for setting up and dismantling my artwork and the Library System does not have the capability to store my artwork. By signing below, I am giving the Cobb County Public Library System permission to use my name in press releases and/or on the Library System's website.

Signature of Applicant:

Date: _____