

Southern Lehigh Public Library  
3200 Preston Lane, Center Valley PA 18034  
610-282-8825 Fax 610-282-8828  
[www.solehipl.org](http://www.solehipl.org)

**DISPLAY CASE APPLICATION FORM**

Name: \_\_\_\_\_

(Full name of Organization and contact person, if applicable)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Exhibit: (describe briefly)

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Month Preference: \_\_\_\_\_ (The Library does not guarantee this preference can be accommodated.)

My signature below indicates that I have read and agree to comply with the library's Display Case Policy. I understand that the Southern Lehigh Public Library cannot be held responsible for any damage or theft that may occur during the period of time the exhibit is on display.

Signature:

Date:

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**STAFF USE ONLY**

Approved - Display Date: \_\_\_\_\_

Display Case Release Form Received : \_\_\_\_\_

Signature of Library Staff: \_\_\_\_\_

Date: \_\_\_\_\_