



MIDDLE GEORGIA REGIONAL LIBRARY

Open Access Application

Please read carefully:

- I agree to comply with all MGRL Policies.
- I understand that Open Access is self-serve.
- I accept responsibility for the space, equipment, and furniture in the branch during my access time.
- I am aware that staff may not be present or available.
- I understand that I may not open the library branch to those not registered for Open Access to include vendors, waiting for patrons, or others.
- I am permitted to bring immediate family members to include minor children with me.
- I understand that Open Access hours are subject to change.
- I understand that restricted staff areas must be avoided.
- I understand that access may be revoked at any time for violation of library policies.
- I understand that the space is monitored by security cameras.
- I understand that I am to call 911 in an emergency.

I understand the Open Access Policies and agree to abide by them.

Name: _____

Library card number _____

Email: _____ Phone number: _____

Signature: _____ Date: _____

(Official use only)

Staff member verification: _____

Approved / Denied Access entered into system date: _____

Patron notified by email / mail on date: _____

