

**PHOTOGRAPHY/VIDEO REQUEST FORM**

Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact phone number \_\_\_\_\_

Contact e-mail \_\_\_\_\_

Reason for photos/video \_\_\_\_\_

\_\_\_\_\_

Requested date and time \_\_\_\_\_

By signing, I agree to abide by the policies of the Cocke County Library Board,  
including receiving all needed permissions and releases.

Signed \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Board approval: Y N

Reason \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

