



Little Falls Public Library
8 Warren Street
Little Falls, NJ 07424
973-256-2784

Exhibit/Display Application

Date of Request: _____

Title of Exhibit/Display: _____

Name of Organization (if applicable): _____

Provider Name (First/Last): _____

Address: _____

Telephone: _____

Email: _____

Objective/type of exhibit (may attach additional pages if needed):

Number of pieces & dimensions (may attach additional pages if needed):

Name and dimension of each piece (may attach additional pages if needed):

Placement of Items:

- ☐ Walls
- ☐ Display case(s)
- ☐ Other (please provide details): _____

Start Date for Exhibit: _____

End Date for Exhibit: _____

Approved Date for Exhibit: _____



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Please provide biography and photographs of each items in exhibit (attach pages as needed).
Biography, exhibit information, and photographs received on:

Application must include: biographical information and photographs of items in exhibit

I have read the Little Falls Public Library's Exhibit and Display policy and I will abide by all of the Library's exhibit guidelines.

I hereby grant permission to the Little Falls Public Library to use photographs and/or videos of myself and exhibit pieces in publications, news releases online/social media and other communication related to the mission of the library.

Signature: _____

Title (if applicable): _____

Date: _____

Little Falls Public Library use only

Information and photographs received on: _____

Staff signature: _____