

I HEREBY AGREE TO OBEY ALL THE RULES AND REGULATIONS OF THE PUBLIC LIBRARY, TO PAY PROMPTLY ALL FINES CHARGED AGAINST ME FOR THE INJURY OR LOSS OF LIBRARY MATERIALS, AND TO GIVE IMMEDIATE NOTICE OF ANY CHANGE OF ADDRESS.

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number (_____) _____ - _____ DOB ____ / ____ / _____

COMPLETE IF PATRON IS IN FIFTH GRADE (APPROX. 10 YEARS) OR UNDER

Name(s) Of Guardian(s) _____

Contact Information of Guardian(s) (if different from above) _____
