



CONTACT INFORMATION

Last Name:		
First Name:		
Mailing Address:		
City:	ZIP:	Parish:
Home Phone:	Work Phone:	Mobile Phone:
E-mail:		
911 or Street Address:		
Reference:	Phone Number:	
Driver's License Number and State:		
Birth Date:	Age:	
Parent or Guardian Name (if applicant is under 18):		

AGREEMENT

I agree to be responsible for materials borrowed on this library card, to pay fines for overdue items, and to pay for the replacement of damaged, or lost materials. I agree to report the loss of this immediately and/or any changes to the patron information connected with it. I also agree to abide by the library's electronic resources and Internet policy.

Signature:

Date:

SIGNATURE

Parent/Guardian Signature (if applicant is under 18):

Date:

FOR LIBRARY STAFF USE ONLY:

Patron barcode sticker:

M F

KI OK OB BKM NR

A J EAO

Proof of mailing address verifications

1.

2.

Staff initials: