

DO NOT WRITE ON LINE ABOVE

Patron No. _____

I, (Print Full Name) _____

agree to obey all the rules and regulations of Robey Memorial Library, to pay promptly all fines charged against me for the injury/damage or loss of books, and to give immediate notice of change of address, phone number, or e-mail address.

Home address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone: _____ Other phone: _____

E-mail address: _____

(over)

Patron Signature (if under 14 years of age, parent or guardian's signature)

If student, grade: _____ Age, if under 14: _____

*Driver's License #: _____ (staff initial _____)

*If Driver's License does not have current address a **Utility Bill** with address must be verified by _____ (staff initial)

For Office Use Only:

Date of application: _____ Policy type: _____