Livingston County Library Library Card Application - ADULT

Please Print		
Last Name:		
First Name & Middle Initial:		
Street Address:		
City:	Zip:	
Mailing Address (if different):	E-Mail Address:	
Home Phone:	Work Phone:	
Birth Date:	Driver's License #:	
County of Residence:		
I attest that the above information is true. I will be responsible for fines, damages, or loss of materials on this card. I will promptly report any change of address or loss of this card. When using the library's computers, I agree to comply with the Internet Access Policy.		
Signature: X		
The Library card is the property of the Livingston County and must be surrendered on request.		

STAFF USE ONLY		
A. Card Type:	New	ReplacementPatron Record #
B. Patron Type:		nt sident; expires: sident; Liv. County Taxes Pd expires
C. Bar Code Label:		D. Date Issued: