

WATERFORD PUBLIC LIBRARY
LIBRARY CARD APPLICATION

PLEASE PRINT:

FULL NAME _____

STREET ADDRESS _____

CITY, ZIP CODE _____

TELEPHONE _____

E-MAIL ADDRESS _____

By providing my e-mail address I agree to receive all Library Notices via e-mail.

I assume responsibility for materials charged out to my card and any fines or fees incurred. I will notify the Library immediately of any change of address or telephone number.

FOR CHILD'S CARD ONLY:
(Age 12 and under)

PARENT/GUARDIAN SIGNATURE: _____