

RESIDENT Subdistrict 1 / Subdistrict 2

Address Verified

CARD # _____ COUNTY: _____

I AGREE TO OBEY ALL RULES AND REGULATIONS OF THE MONITEAU COUNTY LIBRARY, TO PAY PROMPTLY ALL FINES CHARGED AGAINST ME FOR THE DAMAGE OR LOSS OF MATERIALS, AND TO GIVE IMMEDIATE NOTICE OF CHANGE OF ADDRESS AND CONTACT INFORMATION.

(Last)

(First)

(Middle Initial)

PRINT FULL NAME:

(Address)

(Town)

(State/Zip Code)

HOME

ADDRESS: _____

PHONE #: _____ ALTERNATE PHONE # _____

EMAIL

ADDRESS: _____

SIGNATURE: _____

PARENT'S SIGNATURE: _____ AGE IF UNDER 14: _____

DRIVER'S LICENSE #: _____ (OR OTHER ID REQUIRED)