

**LYON COUNTY LIBRARY SYSTEM—PATRON APPLICATION
PLEASE PRINT**

Name: _____ **Date of Birth:** _____

Mailing address: _____

(Proof of address
must be supplied)

City State Zip code

Physical address: _____

City State Zip code

Phone Number: _____ **Cell Phone:** _____

E-Mail Address: _____

Employer: _____ **Phone Number:** _____

Personal Reference:

Name: _____ **Phone Number:** _____

I, _____ (signature) am responsible for all items checked out to my assigned library card including lost, damaged or stolen items and/or late fees. This card is not transferrable and must be presented at the time of use.

For patrons under the age of 15, a parent or legal guardian must fill out and sign the following:

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

STAFF USE:

Identification: _____ **Address:** _____ **Initials:** _____

NAME: _____

CARD # 2 1602

DATE: _____