

Please Print

Child's Last Name Child's First Name Child's Middle Name

Birthday ____/____/____ Sex ____ M ____ F

Name of Parent or Legal Guardian

Parent of Legal Guardian's Street Address Apt #

City State Zip

()

Parent's Phone Number

Parent's Email address (used for notices, not shared, sold or distributed)

Please Read and Sign - I agree to follow the rules of the Walla Walla Public Library and to pay all costs and/or service charges for materials lost, damaged, or returned late. I understand that failure to follow library rules may result in suspension of my library privilege and/or referral to a collection agency. Library rules and library materials are governed and protected by state law and the Walla Walla Municipal Code (2.96) If I am referred to a collection agency because materials have not been returned I will be charged an additional fee. I understand and agree that any court lawsuit is required, I will pay reasonable attorney's fees. Sign below

Parent's Signature

Date

- Library options: New, Renew, Temporary, 6 mo Non Res, 1 yr NonRes, County Initials, 6 mo. C.P., 1 yr C.P.

24388 [Barcode]

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