

# West Valley Community Library Registration Form

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Materials may be borrowed for a period of two weeks. Individuals are expected to return library materials on time and in good condition to avoid fines.

By signing this application, I accept responsibility for all materials and computer usage assigned to my account, including fees for lost , damaged or stolen items.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patron Number: \_\_\_\_\_

