

EXPIRATION DATE: _____ CARD # _____

ADULT RESIDENT REGISTRATION FORM

Please Print Clearly

Name: _____

Address (No P.O. boxes): _____

Mailing Address (If different): _____

Phone: (Home): _____ (Work): _____

(Cell) _____

Email Address: _____

I agree to follow the policies of Littleton Public Library and am aware that I am liable for the replacement cost of any lost or damaged books.

SIGNATURE

DATE

Form reviewed by: _____ Date: _____