

ECTOR COUNTY LIBRARY PATRON CONTRACT

**PATRON
CONTRACT**

DATE OF BIRTH _____

DRIVERS LICENSE # _____

Last Name _____ First _____ M.I. _____

Home Address (# & St.) _____ Apt. #/P.O. Box _____

City _____ State _____ ZIP _____ Home Ph. _____

Spouse's Name _____

I wish to borrow library materials from the Ector County Library. I agree to observe all rules established by the library and will be responsible for all materials borrowed on my card, with or without my consent. I also agree to pay any fines or other charges imposed for late return, mutilation or loss of library materials or for replacement of patrons card. If the registrant is a minor at the time of this application, the responsibilities stated above will be assumed by the registrant on the registrants eighteenth birthday.

Date _____ Signature _____

Employer _____ Work # _____

Ector County Reference - person who can give us your address if you move and we are unable to reach you.

Name _____

Address _____ Phone _____

LIBRARY CARD # _____

Adults fill out the form above

ECTOR COUNTY LIBRARY STUDENT PATRON CONTRACT

Student's Last Name: _____ First: _____ M.I. _____

PARENT OR GUARDIAN INFORMATION IF APPLICANT IS UNDER 18 YEARS OF AGE -I am willing to have my child borrow library materials from the Ector County Library. I agree to observe all rules established by the library and will be responsible for all materials borrowed on this card, with or without my consent. I also agree to pay any fines or other charges imposed for late return, mutilation, or loss of library materials or for replacement of patron card. The responsibility for the choice of materials borrowed rests with the person whose signature appears on the line below and not with the library or its staff.

Parent or Guardian Signature _____ DL# _____

Address (# & St.) _____ Apts. #/P.O. Box _____

City _____ TX. Zip _____ Home Phone _____

Parent or Guardian's Employer _____ Work Phone _____

Ector County reference - person who can give us your address If you move and we are unable to reach you.

Name _____

Address _____ Phone _____

Date _____ Child's SS# _____

DATE OF BIRTH _____

LIBRARY CARD # _____

**STUDENT
CONTRACT**

Students fill out the form above