

Second Judicial District Court  
Washoe County Law Library  
**Library Card Application**



Last Name, First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Attorneys & Court Employees:**

Law Firm/Institution: \_\_\_\_\_

Bar Number (If applicable): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

I have read the Patron Library Card Policy and agree to its terms. I assume full responsibility for my library card. I understand that any infraction of the book circulation rules will be grounds for revocation of my card. I agree to pay all fines for damaged or lost materials charged on my card. I will report to the Washoe County Law Library any change of name, address or telephone number, or if my card is lost or stolen.

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

**Staff Use Only**

Staff Verify User's Identification (staff initial): \_\_\_\_\_

Library Card Barcode: \_\_\_\_\_