

SECOND JUDICIAL DISTRICT COURT
LAW LIBRARY
LIBRARY CARD APPLICATION

Full Name (Last, First): _____

Name of Firm / Institution: _____

Address: _____

City/State/Zip: _____

County: _____

Work Phone: _____ Cell Phone: _____

Email: _____

If a work address is provided above, please provide your home address below:

Address: _____

City/State/Zip: _____

County: _____

Home Phone: _____

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, lost or overdue materials charged on my card. I will report to the Second Judicial District Court 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: _____