



**LYON COUNTY LIBRARY SYSTEM
PATRON APPLICATION**
(PLEASE PRINT)

Name: _____ **Date of Birth:** _____

Mailing Address: _____

(Proof of address
must be supplied)

City

State

Zip Code

Physical Address: _____

City

State

Zip Code

Phone Number: _____ **Cell Phone:** _____

E-Mail Address: _____

I, _____ (signature) am responsible for all items checked out to my assigned library card, including lost, damaged or stolen items, and/or late fees. This card is not transferrable and must be presented at the time of use.

For patrons under the age of 15, a parent or legal guardian must fill out and sign the following:

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

STAFF USE:

Identification: _____ **Input by:** _____ **Address:** _____