BOULDER COMMUNITY LIBRARY PATRON APPLICATION FORM

(Please Print)

DAT	ГЕ		
PATRONS NAME			
	MAILING ADDRESS		
	CITY, STATE, ZIP	· · · · · · · · · · · · · · · · · · ·	
	HOME PHONE	_WORK/CELL PHONE	
	DATE OF BIRTH (M/D/Y)_		

By signing this application you understand:

- 1. The Boulder Community Library cannot censor or prohibit checking out material to any patron regardless of age.
- 2. The library staff cannot control sites visited with computers unless the screen exhibits material meeting the criteria for the Obscenity Law (MCA 48-8-201).
- 3. Any patron being disruptive or unsafe will be asked to leave the library.
- 4. Any late charges or fines will be paid in a timely manner.

PATRON SIGNATURE_____

By signing this application you agree to take responsibility for any library materials checked out. You are verifying that the above information is correct and you will be responsible for any fines incurred and lost or damaged library materials that have been checked out to you account.

DATE_____