

Walla Walla Public Library Adult Card

Please Print

Last Name First Name Middle Name

Birthday ___/___/___ Sex ___M___F

Street Address Apt #

City State Zip

Phone Number

Email address (used for notices, not shared, sold or distributed)

Please Read and Sign - I agree to follow the rules of the Walla Walla Public Library and to pay all costs and/or service charges for materials lost, damaged, or returned late. I understand that failure to follow library rules may result in suspension of my library privilege and/or referral to a collection agency. Library rules and library materials are governed and protected by state law and the Walla Walla Municipal Code (2.96). If I am referred to a collection agency because materials have not been returned I will be charged an additional fee. I understand and agree that any court lawsuit is required, I will pay reasonable attorney's fees. Sign below

Signature Date

New Renew Temporary 6 mo Non Res 1 yr NonRes County Initials 6 mo. C.P. 1 yr C.P.

24388 [] [] [] [] [] [] [] [] [] []

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