



**Pinckney Community Public Library**

125 Putnam St. ♦ Pinckney, MI 48169 ♦ Phone: 734-878-3888 ♦ Fax: 734-878-2907

I, a resident of \_\_\_\_\_ (Township) agree to obey all the rules and regulations of Pinckney Community Public Library, to pay promptly all fines charged against me for the injury or loss of library materials, and to give immediate notice of any change of address or contact information.

Sign Name *(parent signature if under 17 years)* \_\_\_\_\_

Print Name *(of applicant)* \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Driver's License or State ID \_\_\_\_\_  
*(guardian name and ID)*