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|---|-----------------------|---|
| <b>WALLER COUNTY LIBRARY</b><br><b>BROOKSHIRE-PATTISON</b><br><b>LIBRARY CARD REGISTRATION</b><br><b>3815 Sixth Street, Brookshire, TX 77423</b><br><b>281-375-5550</b> | <b>Staff Use Only</b> | <input type="checkbox"/> <b>Adult</b><br><input type="checkbox"/> <b>Child (under 18)</b> |
|   | <b>Card Number:</b>   |   |
|   | <b>Staff:</b>         |   |
|   | <b>Date:</b>          |   |

|   |                |   |              |            |
|---|----------------|---|--------------|------------|
| <b>Applicant's First Name</b>   | <b>MI</b>      | <b>Last Name</b>  |              |            |
| <b>If minor, Parent/ Legal Guardian Full Name</b>                         |                |   |              |            |
| <b>Mailing Address</b>  |                | <b>City</b>   | <b>State</b> | <b>Zip</b> |
| <input type="checkbox"/> <b>Physical Address</b> (Check if same as above) |                | <b>City</b>   | <b>State</b> | <b>Zip</b> |
| <b>Email</b>  |                | <b>Phone Number (Text Notification: Y N )</b>   |              |            |
| <b>Applicant's Date of Birth</b>  | <b>ID TYPE</b> | <b>ID/DL Number</b>   |              |            |
| <b>Proof of Address</b>   |                | <b>Waller County</b> <input type="checkbox"/> <b>Resident</b> <input type="checkbox"/> <b>Work</b> <input type="checkbox"/> <b>Property</b> |              |            |

### AGREEMENT

**YOU** are responsible for all materials checked out using your library card. A parent or legal guardian is responsible for any materials checked out on the card of a person under the age of 18.

By signing this form, you acknowledge that **THE LIBRARY AND ITS STAFF ARE NOT RESPONSIBLE FOR ANY CONTENT—written, visual, or audio—contained in books, CDs, audiobooks, e-books, or videos** that you or your child checks out.

If you lose your library card, it is your responsibility to notify the library immediately. Card replacements incur a \$2.00 fee. (Cash only)

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 Signature

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 Date

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 Printed Name