

NEW FAIRFIELD FREE PUBLIC LIBRARY  
LIBRARY CARD APPLICATION

ADULT Name: \_\_\_\_\_

ADULT Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ \*ID CHECKED: \_\_\_\_\_

***Patrons under 18***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(IF DIFFERENT)

**RESPONSIBILITY STATEMENT**

I understand I am responsible for all materials checked out on library cards issued to those listed and agree to abide by all rules and regulations of the New Fairfield Free Public Library. I am responsible for any lost and damaged materials and will be charged a replacement cost for such items.

I understand library privileges may be suspended for some or all persons listed if the materials are overdue or library policies have been abused.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*ACCEPTABLE FORMS OF ID: CT. DRIVERS LICENSE OR A BILL REFLECTING NAME AND ADDRESS**