

ECTOR COUNTY LIBRARY PATRON CONTRACT FOR MINORS

Minor's Information:

Last Name _____ First _____ Date of Birth _____ M.I. _____

Parent or Guardian Information:

Last Name _____ First _____ Driver's License # _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone # _____ Alternate Phone # _____

PARENT OR GUARDIAN - I am willing to have my child borrow library materials from the Ector County Library. I agree to observe all rules established by the library and will be responsible for all materials borrowed on this card, with or without my consent. I also agree to pay any fines or other charges imposed for late return, mutilation, or loss of library materials or for replacement of patron card. The responsibility for the choice of materials borrowed rests with the person whose signature appears on the line below and not with the library or its staff.

Signature _____ Date _____

Ector County Reference:

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

LIBRARY USE ONLY: _____