

ADAMS MEMORIAL LIBRARY APPLICATION (for minors under 16)

Please Print

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone # _____ Home/Cell _____ Work # _____

Minor's Birth Date: _____

Parent/Guardian R.I. License/ID # _____

Parent/Guardian Name: _____

Please Read: The Adams Memorial Library has fines and penalties for overdue and lost library material.

Failure to return materials may result in the notification of a collection agency.

**Parent's
Signature** _____

**Applicant's
Signature** _____

Staff only: Date _____ Initials _____

Barcode _____