



LIBRARIES OF STEVENS COUNTY

Name: _____

Mailing Address: _____

Home Address (if different): _____

Home Phone: _____ Cell: _____

E-Mail: _____

Signature: _____

PIN: _____

Birth Date: _____

Parent/Guardian Signature (for 17 or under): _____

Library Staff Use Only

Paper Receipt

Internet Use

E-Mail Receipt

PIN

Hold Notification Phone

Library Newsletter

Hold Notification E-Mail

Minor