Chatsworth Township Library Card Number: _____

I, agree to obey all the rules and regulations of the library, to pay promptly all fines charged against me for the injury or loss of library property, and to give immediate notice of any change of address.

Sign Full Name: _____

Print Full Name: _____
LAST **FIRST** **MI**

Birth Date: **Month** _____ **Day** _____ **Year** _____

Mailing Address: _____ Physical Address: _____

City: _____ State: ____ Zip Code: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Business Address: _____ City: _____ State: ____ Zip Code: _____

e-mail address: _____