

# Patron Registration for Moore Public Library

Please complete all applicable areas  
Please **PRINT**

Name \_\_\_\_\_  
( Last ) ( First ) ( Middle I.)

**Permanent Address:**

Street \_\_\_\_\_  
(Permanent Address on Identification)

Apt. \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Lexington Village Resident ? Yes \_\_\_ No \_\_\_

Township \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Work/Cell/Other Phone \_\_\_\_\_.

Email address \_\_\_\_\_.

**Parental Agreement for  
minor children in MI:**  
**With my signature, I agree**  
and understand that  
the Moore Public Library  
is not responsible for the content  
of the videos &/or materials  
checked out by my minor child  
I agree and understand that  
Michigan's Right to Privacy Act  
does not allow me to know the  
specific titles of the materials  
my minor child checks out

**If you are a part-time area resident, please fill in below:**

Street \_\_\_\_\_ Apt. \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Township \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Local Phone \_\_\_\_\_

I understand that I am responsible for all materials charged to my library card, including fines and fees. I will follow the policies and procedures of the Moore Public Library.  
Parent or Legal Guardian, must sign if patron is under 16.

ID type \_\_\_\_\_

ID # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Library card # \_\_\_\_\_