DATE:					ABBOTT LIBRARY – AF	PPLICATION FOR LIBRARY CARD
Last Name	First Name Middle Name				Sunapee Resident: \	es or No (Circle one)
Mailing Address	Town	State	Zip	Email		
Street Address	То	wn State	Ž	Zip	Primary Phone (PIN)	Secondary Phone
Alternate Address	Town	State	Zip	Phone		
**************************************	horthan in your household	******	*****	*****	********	******
REFERENCE - Someone of	ner than in your nousehold					
Last Name	First Name	Mailin	g Address	Town	State Zip	Phone
I hereby agree to ob for the damage or lo	•	d regulation	ons of the nmediate n	Abbott Librar		is by email
Holds Pickup Authorizati	on Form					
						terials. I authorize the library be placed on my library card.
I understand that I will n	eed to notify a staff meml	per to cance	el this author	rization, which I r	may do at any time.	
Below, print the complet	te names of the authorize	d persons.				
Person who is giving aut		ature)				
Persons authorized to pi	ck up materials for the ab	ove named	person:		R LIBRARY USE:	
(Print Name)					Info entered on Koha Confirm account email not	
(Print Name)		_				ched File
(Print Name)					Library News email <i>N/A if applicable</i>	

■ New Materials email

Mark N/A if applicable

(Print Name)