

Must Be Completed by Authorized Library Staff

NAME OF PUBLIC LIBRARY UNCLE REMUS REGIONAL LIBRARY SYSTEM

BRANCH (if applicable) _____

ADDRESS _____

TELEPHONE NUMBER _____

BORROWER'S HOME LIBRARY CARD# _____

AUTHORIZED SIGNATURE _____

Office Use Only:

Program Participant _____

Patron#: _____

Authorized Signature _____

Expiration Date: _____

Receipt of Fee _____

Date Assigned: _____

Initials: _____

Comments:

THIS APPLICATION MAY BE DUPLICATED AS NEEDED.

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