

Williamsburg Regional Library
Mobile Library Services
Library Registration

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Telephone Number _____

Residence: City of Williamsburg _____ James City County _____
 York County _____ Other _____

Email (optional) _____

How would you like to be notified about holds, fines, lost items, etc.?
By phone _____ By email _____

Social Security Number (optional) _____

Date of Birth _____

I, _____, understand that this card will allow me to check out books and other materials from the Williamsburg Regional Library buildings and Mobile Library Services Vehicle. I understand that I must present a library card in order to borrow library materials, and I accept responsibility for all fines incurred and for lost or damaged materials borrowed on my card.

Signature



Staff Use Only	
Patron Type	
Status/Class	
Barcode Number	