



PATRON REGISTRATION FORM – RESIDENT  
VERSION 07012024

WESTFORD PUBLIC LIBRARY  
1717 VT Route 128  
Westford, VT 05494  
[www.westfordpubliclibrary.org](http://www.westfordpubliclibrary.org)  
[westfordpubliclibrary@gmail.com](mailto:westfordpubliclibrary@gmail.com)

Name (First, Middle Initial, Last) \_\_\_\_\_

Address \_\_\_\_\_

Town and Zip \_\_\_\_\_

\*Phone Number \_\_\_\_\_

\*Email \_\_\_\_\_

- I would like to receive my overdue notices by email at the above email address. Notices sent to this email address are equivalent to any other form of notice and have full force and effect.  
 I would rather receive phone or paper communication when items are overdue.

\*If email and/or phone is not your personal contact, you grant consent to share your library information with the owner of that number/account.

**If under 12 years old:**

Date of Birth \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

I understand that by signing above, I am held responsible for my child's use of Westford Public Library materials and services, and any materials borrowed from other HomeCard Libraries.

**Optional if 12 years old or older:**

No one can access your library card without your consent.

If you would like someone to be able to pick up your materials, check out under your name, or have access to your library account for any other purpose, you must give permission. (Most people list a parent, guardian, spouse, partner, care giver, children, etc.)

People approved to access my library account:

**Permission may be granted or removed by the applicant at any time. Contact information may also be changed at any time.**

I understand that I will be held responsible for the safe and timely return or replacement of any library materials borrowed with this card, whether at the Westford Public Library or any HomeCard Library. I understand that I must give notice to the Library of any change of address or other contact information. I understand that I will abide by all Library policies. I understand that the materials and services in the Library are for the use of all residents, and my failure to return materials and any misuse of services prevents other residents from using the Library to its fullest and may result in the suspension of my privileges.

Signature: \_\_\_\_\_