

**SACRAMENTO COUNTY PUBLIC LAW LIBRARY**  
**609 9<sup>TH</sup> ST, SACRAMENTO, CA. 95814**  
(916) 874-8541

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**BORROWER INFORMATION:**

**DATE:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ **STE#** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Alt. Phone #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**STATE BAR #** \_\_\_\_\_ **CA DRIVER'S LICENSE / I.D. #** \_\_\_\_\_

**MULTIPLE ITEM DEPOSIT-** ALL REFUND REQUESTS MUST BE MADE IN WRITING. YOUR ACCOUNT MUST BE CLEAR OF ANY FINES OR FEES. IF THERE ARE FINES OR FEES OWED AT THE TIME OF YOUR REFUND REQUEST, THE LIBRARY WILL USE YOUR DEPOSIT TO PAY FOR THE FINES AND ISSUE YOU THE REMAINING BALANCE. IF THERE IS NO ACTIVITY ON YOUR ACCOUNT FOR A PERIOD OF **THREE YEARS**, YOUR ACCOUNT WILL BE CLOSED AND YOUR DEPOSIT FORFEITED TO THE LIBRARY.

**BORROWER INITIALS** \_\_\_\_\_

**SINGLE ITEM DEPOSITS-** ALL DEPOSITS MUST BE COLLECTED WHEN YOU RETURN THE ITEM. **IF YOUR DEPOSIT IS LEFT UNCOLLECTED FOR A PERIOD OF 3 YEARS, YOUR ACCOUNT WILL BE CLOSED AND YOUR DEPOSIT WILL BE FORFEITED TO THE LIBRARY.**

**BORROWER INITIALS** \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO KEEP YOUR CONTACT INFORMATION UP TO DATE WITH THE LIBRARY.**

**IF YOU LOSE AN ITEM AND THE LIBRARY HAS TO REORDER IT, YOUR DEPOSIT WILL BE APPLIED TOWARDS THE REPLACEMENT COST.**

**SIGNATURE** \_\_\_\_\_

\*\*\*\*\*Do Not Complete: Library Use Only\*\*\*\*\*

Deposit Type SRLT / SIDP    Deposit Amount \$ \_\_\_\_\_    Staff Initials \_\_\_\_\_    Date \_\_\_/\_\_\_/\_\_\_    Borrower # \_\_\_\_\_