SACRAMENTO COUNTY PUBLIC LAW LIBRARY
609 9TH ST, SACRAMENTO, CA. 95814
(916) 874-8541

BORROWER INFORMATION: **DATE:** _____

LAST NAME: _____ **FIRST NAME:** _____**M.I.**_____

LAW FIRM/GOV'T AGENCY_____

STREET ADDRESS_____**STE#**_____**CITY**_____

STATE_____**COUNTY**_____**ZIP CODE**_____

Work Phone: _____   **Alt. Phone #**_____

Email Address: _____

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

SAC. CO. BAR MEMBER   Y   N

MAILING ADDRESS IF DIFFERENT:

STREET ADDRESS_____**STE#**_____**CITY**_____

STATE_____**COUNTY**_____**ZIP CODE**_____

Would you like to receive email updates about events, newly added classes, holiday hours, or other exciting information from the Law Library?   YES   NO

*THE UNDERSIGNED PATRON ASSUMES RESPONSIBILITY FOR MATERIALS BORROWED
AND FOR ANY CHARGES INCURRED.*

SIGNED_____

The undersigned authorizer assumes responsibility for materials borrowed and for any charges incurred by the authorizee. Authorizer and authorizee accounts will both be blocked if either account has unpaid fines. This authorization is good for two years.

Signed _____ Print _____ Bar # _____

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

Staff Initials_____ Date ___/___/___ Borrower #_____