



WELCOME TO THE
FAIRFIELD PUBLIC LIBRARY

REGISTRATION

Staff Initials _____
Expiration _____

Name _____
Last First Mi

Street _____

Town & Zip _____

Birthday ____/____/____

Telephone () _____

Cell Phone () _____

E-Mail _____@_____

Parent's Name (If Child) _____

Secondary Address _____
(Guest Patrons)

I Agree To Be Fully Responsible For All Materials Checked Out
On My Library Card.

Signature _____

Fairfield Residents: Do You Want To Register To Vote At This Time?
Y___N___

Would You Like To Be Notified By Text Message For Reminders, Holds, And
Overdue Items? Y___N___



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