

Lawrence Public Library

Library Card Application for AGENCIES

Directors, please fill out this form as thoroughly as possible.
Please PRINT your answers and return to us.

51 Lawrence Street, Lawrence, MA 01841

- 1) Name _____
- 2) Title _____
- 3) Agency _____
- 4) Address _____

- 5) Phone () _____ - _____
- 6) FAX () _____ - _____
- 7) E-mail address _____
- 8) Authorized users (staff members permitted to check out materials on your library account)
and their phone number.
 - 1) _____ # _____
 - 2) _____ # _____
 - 3) _____ # _____

Library Use Only

Date received _____	Entered by _____
Date Entered _____	Barcode number _____