

NBE CDDO Lending Library Application

First Name: _____ Last Name: _____

Street Address: (No PO Box) _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County: _____

Email Address: _____

Item(s) requested: _____

Date requested: _____

Date to be returned: _____

Borrower's Agreement

I agree to observe all the NBE CDDO Lending Library procedures and to be responsible for materials borrowed on my account. I agree to pay any charges assessed if materials I borrow are damaged or lost and I accept responsibility for any damage from use of the library materials.

My signature indicates acceptance of the terms stated above.

Borrower's Signature: _____ Date: _____

Questions? Contact Angela Allen at 620.647.4059