



TRANSITIONAL PATRON SPONSOR FORM

Your Evergreen Indiana public library would like to assist members of the community without a permanent residence during their transitional period by offering access to their circulating collection. Until traditional proof of residency forms are available, we request that a sponsoring agency fill out this form on your behalf as proof of eligibility.

SPONSOR INFORMATION

Organization: _____

Contact Name & Title: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

I herewith verify that the person listed below is known to my organization as a resident of this library district without a permanent residence. I understand that as a sponsor, the library may contact me to assist with communications with the sponsored patron. I am not accepting any fiscal liability on my behalf or on behalf of my organization with this sponsorship.

Signature

Date

PATRON INFORMATION

Patron Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

TO BE FILLED OUT BY LIBRARY

Patron Barcode: _____

Expiry Date: _____

Sponsor confirmed: Yes / No Date: _____ Staff Initials: _____

The library reserves the right to verify and restrict who may serve as a sponsor for this program and may terminate the program at any time.