

**Taylor Library**  
**UNIVERSITY OF ARKANSAS AT MONTICELLO**  
**COMMUNITY USER LIBRARY APPLICATION**

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I apply for the privilege to use the Taylor Library under the conditions of the Community User Policy and agree to comply with all library rules and regulations. I understand my application is valid for one year. The adult resident category must pay a \$50 fee at the Cashier's office (460-1043) in Harris Hall (2<sup>nd</sup> floor). Please include a copy of the receipt with your application.

**SELECT A CATEGORY**

- |   |  |
|---|--|
| <input type="checkbox"/> ADULT RESIDENT - \$50 ANNUAL FEE | <input type="checkbox"/> UAM DEPENDENT |
| <input type="checkbox"/> SAESC EMPLOYEE                   | <input type="checkbox"/> UAM SPOUSE    |
| <input type="checkbox"/> TEACHER                          |  |
| SCHOOL: _____   |  |

**PERSONAL INFORMATION**

NAME:	PHONE:
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ADDRESS:

CITY:	STATE:	ZIP:
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EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

DRIVER'S LICENSE #:	STATE:
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SIGNATURE:	DATE:
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**MAILING ADDRESS**

UNIVERSITY OF ARKANSAS AT MONTICELLO  
 FRED J. TAYLOR LIBRARY  
 514 UNIVERSITY DRIVE  
 P.O. BOX 3599  
 MONTICELLO, AR 71656

**LIBRARY USE ONLY**

REC'D:	APPROVED:    Y        N	RECEIPT:    Y        N
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DATE ADDED:	DATE CONTACTED:	VIA:    PHONE    EMAIL    MAIL
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ID#:

NOTES: