

**South Norfolk County Arc
Library Application**

Please complete this form and return it to the Family Support Office or the Family Autism Center, 789 Clapboardtree St., Westwood, MA 02090.

Contact Information:

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Mailing Address (If different from above):

Telephone Number (s): _____

Email: _____

I agree to abide by the library regulations when I borrow material from the library and to pay any cost for lost, damaged, or unreturned materials.

Signature: _____

Date: _____