



**THE GARDENS**  
ON SPRING CREEK



**The Gardens on Spring Creek Pass**

**Patron Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Age: \_\_\_\_\_

**Alternate contact, if we cannot contact you...**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Signature**

I certify that I am 18 years of age or older, and that all of the above information is correct. I agree that I will return the Gardens on Spring Creek pass within one week, or I will pay fines of \$10/day for each day it is overdue. In the event that this pass is lost, I will immediately notify the Wellington Public Library (970-568-3040), and I agree to pay \$90 to replace the pass.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Library Use Only**

Attach a copy of ID or Driver's License

Patron's Library Card Number 24399 \_\_\_\_\_