

City of San Leandro  
Civic Center, 835 E. 14th Street  
San Leandro, California 94577  
www.sanleandro.org



**DATE:**

Loryn Aman, Senior Librarian  
San Leandro Public Library  
300 Estudillo Ave.  
San Leandro, CA 94577  
510-577-3953  
[LAman@sanleandro.org](mailto:LAman@sanleandro.org)

Dear Mrs. Aman-

I, \_\_\_\_\_, hereby authorize the following individual to use my library card:  
Full name

\_\_\_\_\_  
Name, Title/Relationship to patron

I, \_\_\_\_\_, accept liability and full financial responsibility for **ALL** transactions charged to this library card/account [2320600\_\_\_\_\_] at any San Leandro Public Library, including, but not limited to all fines and fees (for example, charges for overdue, lost, or damaged materials) as is noted on the back of the San Leandro Public Library card and to which I agreed to when I received and signed my library card.

I understand it is my responsibility to inform the library if I want to revoke this authorization of my library card/account.

Sincerely,

Patron's signature  
Patron's printed name, Date

Pauline Russo Cutter, Mayor \_\_\_\_\_

City Council: Victor Aguilar, Jr. Pete Ballew Deborah Cox  
Ed Hernandez Benny Lee Corina N. López

