



## Adopt-a-Little-Library Program Application

### Applicant Information:

Full Name:

School/Organization (if applicable):

Address:

Email:

Phone Number:

Are you a resident of Huntington Park?

Are you at least 18 years of age?

Do you live within .5 miles of a proposed or current little library?

Are you willing to commit to bi-weekly checks?

Do you have a device capable of accessing Internet or make phone calls?

I certify or declare that the above information is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from the Adopt-a-Little-Library Program.

Applicant's Signature:

Date:

### Office Only:

Approved      Denied

Health & Education Approval Date:

Signature of Authorized Individual:

Date: