

## Sex Offenders Against Minors Library Use Application

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Specific Offense:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Probation/Parole Officer:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please explain why you feel you are not a risk to minors and should be granted permission to be on/in the premises of the Hudson Public Library.

Incomplete applications will be denied. Applicants who provide false information will be permanently banned.