CARD ACCESS REQUEST FORM

For the Sussex County Law Library

Please fill out form and return to Sussex County Law Librarian

| Attorney Name: | Date of Birth: | |
|---|---|----|
| Attorney Bar ID No.: | | |
| Firm/Department: | | |
| Address: | | |
| Delaware Driver's License Number: | | |
| Attorney Signature: | | |
| Law Librarian Signature: | | |
| Please note that access to the law library will be limited when the Superior Court Annex is open. | d to Monday through Friday, 8:00 a.m. to 4:00 p.r | n. |
| | | |
| Superior Court Chief of Security | | |
| Received by: | Date: | |
| Card Access #: | <u></u> | |