

THREE RIVERS PUBLIC LIBRARY

— READ. LEARN. DREAM. —

Application for Library Card

I.D. with current address must be shown when applying for Library card. Applicant must be present.

PLEASE PRINT

NAME: _____ **DATE OF BIRTH:** ____ / ____ / ____
(Last) (First) (Middle)

PRIMARY PHONE: _____ Cell Home Text Other **2nd PHONE:** _____ Cell Home Text Other

STREET ADDRESS: _____

CITY / STATE: _____ **ZIP CODE:** _____

SERVICE AREA (circle one): City Fabius Twp. Lockport Twp. OSA

MAILING ADDRESS: _____
(If different from above)

To avoid postage costs and delivery delays all general notices will be sent to the email address you enter below or texted to the phone number provided above. If you do not have an email address, billing notices will be mailed to the mailing address listed above. The Library cannot guarantee prompt delivery of billing notices mailed through the post office.

EMAIL ADDRESS: _____ **Add me to your email newsletter: Y / N**

BORROWER RESPONSIBILITIES:

*The person signing below shall be responsible for the timely return of all library materials, the payment of fines for overdue, lost or damaged materials charged on the card, notifying the library of any change of name or address, and reporting if the card is lost or stolen. The undersigned agrees that the Library shall be entitled to payment from the undersigned for the costs of collection, including reasonable attorneys' fees, incurred in collection of any fines for overdue, lost or damaged materials charged on their card. **The card is not transferable.**

Borrower's Signature _____

(Required for all dependents under age 18. The signer assumes responsibility for the child's selections and financial responsibility.)

Parent/Guardian Signature _____

Parent/Guardian - Please Print _____

PERMISSION FOR ANOTHER ADULT TO PICK UP YOUR MATERIALS:

I would like someone else to be able to pick up items for me. By signing, I am acknowledging that I understand that this person will be allowed to pick up any item I have on hold until I contact the library to revoke permissions. *You may designate up to 2 other adults. I hereby give permission to the library to allow the persons listed below to check out materials on my card:

PLEASE SIGN HERE: _____ **Date** _____

Name and birthday of Pick Up Person: _____

Name and birthday of Pick Up Person: _____

(*Designated pick up people will be required to show ID.)

STAFF USE ONLY	Welcome Packet Given (Y/N) _____	Barcode: _____	Staff Initials & Date: _____
	New _____	Renewal _____	Adult/Youth Status: _____
	Added to Newsletter (Y/N)? _____		App on File Recorded in Notes (Y/N)? _____
Designated Pick Up Recorded in Notes? _____			

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