LIBRARY USE ONLY

_____Borrower ID

___Computer Use Policy Accepted [Patron Barcode]

___Video Use Policy Accepted

Date of Birth _____

Name _____

Last *First* *Middle*

Parent or Guardian [*print*] _____

Home Phone_____/Alternate_____

CHECK PREFERRED PHONE CONTACT: ___**Home** ___**Business** ___**Cell** ___**Message**

Valid ID required for all applicants

(Parent/Guardian must provide a Driver's License# or State ID# for unlicensed applicants under age 16.)

State_____DL# or other valid ID _____

My residence is located in the **County of** _____**,** and in

(Fill in only one)

TOWNSHIP of _____

CITY of _____, or

VILLAGE of _____

Age: _____ Gender: Female_____ Male _____

Street/Residence Address_____

PO Box Address_____

City/State_____ Zip_____

Alternate Address_____

Alternate City/State_____ Zip_____

Email Address [*print*] _____

Signature of adult applicant or juvenile applicant's parent/legal guardian verifies their acceptance of financial responsibility for all use made of the library card issued to this applicant and that the information herein is correct.

Keep track of history ___Yes ___No