LIBRARY CARD APPLICATION Grantsville City Library

IDENTIFICATION REQUIRED:

- Photo ID (i.e., Driver's license, State ID Card)
- Proof of Current Address (i.e., Driver's license, State ID, recent mail)

Date: _____/____/_____
YYYY / MM / DD

PATRON INFORMATION *(please PRINT):*

NAME: _____
LAST *First* *Middle*

Date of Birth: _____/_____/_____ ( )Female ( )Male ( )Family* ( )Temporary
MM DD YYYY

Residential Address_____
Street, RR, or POBox *City* *State* *Zip*

Mailing Address: ***(Complete if different from Residential Address)***

_____
Street, RR, or POBox *City* *State* *Zip*

Home Phone( ) _____ Cell Phone ( )_____ Business Phone ( )_____

Email Address: _____

I would prefer to be notified of my holds by: ( )Email ( )Phone

ACCEPTANCE OF RESPONSIBILITY (Read Carefully!)

- I will be responsible for all materials check out on this card, including materials check out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), **immediately**.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged, and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myse and for my children or minor dependants what resources are appropriate for my/our personal use.

PATRON SIGNATURE: _____ DATE: _____

FOR JUVENILES (AGE 0-17), PLEASE COMPLETE:

Parent/Legal Guardian *(Signature):*_____Date_____

Parent/Legal Guardian *(Print):*_____

NAME: _____
LAST: First MI

FOR LIBRARY STAFF USE ONLY:

*Family Members registered to card:

_____ _____
_____ _____
_____ _____
Former Name _____

Initial when ID checked:_____
Photo ID: ( ) _____
Proof of Current Address: ( )

New Registration ( )
Address Change ( )
Name Change ( )
Lost Card ( )
Renewal ( )

Form 2.02