



Library Card Application

STAFF USE ONLY: Last Name _____ First _____ Middle _____

TO RECEIVE A LIBRARY CARD: Must be an Ohio resident and show a State issued ID with current address. Minors (under 18) must be accompanied by a parent or legal guardian.

PLEASE PRINT CLEARLY

Staff Use- New Card # _____

BIRTH DATE ____ / ____ / ____
Mo. Day Year

NAME _____
LAST FIRST MIDDLE

Parent/Legal Guardian Name (please print)

LAST FIRST MIDDLE

Address _____ P.O. BOX _____

CITY STATE ZIP CODE

Telephone # _____ Alternate Phone # _____

PIN# _____ County _____
(4 to 9 numbers/letters or a combination of both)

E-Mail Address _____
(If you supply an e-mail address, this is how you will be contacted)

Social Security # _____ (Optional) Driver's License # _____ (Optional)

PLEASE READ AND SIGN:

I agree to return materials on time and in good condition or to pay any fines or damages charged to me.

As a parent/guardian, I agree to be responsible for the selection, use and return of materials borrowed and for the use of the Internet and electronic resources within the Library by the above minor. I agree to pay any fines or damages charged to him/her.

Signature of applicant or parent/ legal guardian

STAFF USE ONLY:

Old Borrower # _____

Name Change from _____

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Mail
<input type="checkbox"/> Soc. Sec. Card	<input type="checkbox"/> Med. Card	<input type="checkbox"/> Other

Date Issued _____ 2 Week Date _____ Patron I.D. _____

By _____ Entered By _____