BIRCHARD PUBLIC LIBRARY OF SANDUSKY COUNTY

Application for Borrower's Card

I.D. NUMBER (Driver's license/State I.D.) **FEMALE** **MALE**

BORROWER'S LAST NAME **FIRST NAME** **MI**

MAILING ADDRESS – NUMBER AND STREET **APT. #** **PO BOX #**

CITY **STATE** **ZIP CODE** **COUNTY**

AREA CODE/PHONE # **SCHOOL DISTRICT** **DATE OF BIRTH**

COMMUNICATION FROM BIRCHARD PUBLIC LIBRARY

I would like to receive notices regarding my library account by (circle one) Phone Email Text

EMAIL ADDRESS

I would like to receive email updates about (circle preferences)
Library News
Programs for Adults
Programs for Children and Teens

AGREEMENT

The information provided is correct.

I agree to
*follow the rules of the Birchard Public Library system.
*pay fees charged to me for overdue, damaged, or lost library items.
*give prompt notice of any change of address.

I understand that
*I am responsible for any items charged against a lost or stolen library card until the library has been notified of the loss.
*only personal information that is required to obtain a library card is being collected and that such information is accessible by all CLEVNET member libraries.
*delinquent accounts may be referred to a collection agency.
*any violation of the rules will result in the loss of library privileges.

Applicant's signature _____ Date _____

PARENT/LEGAL GUARDIAN INFORMATION IF APPLICANT IS UNDER 18

LAST NAME **FIRST NAME** **MI**

IF DIFFERENT THAN CHILD: MAILING ADDRESS – NUMBER AND STREET **APT. #** **PO BOX #**

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE #**

The information provided is correct. I understand that the library is not responsible for my child when left unattended and that the library has a written policy regarding unattended children. I understand that the library has planned collections of materials for children and adults and that borrowers may select from any part of the total collection. It is my responsibility to monitor what my child views or reads. Under Ohio law, parents or guardians are responsible for their children's library obligations to age 18 and I agree to pay all fines and fees charged to my child.

Parent/Guardian signature _____ Date _____

LIBRARY USE ONLY: Registration taken by:____ ID used:_____ Input by:____ Barcode:_____