

AGENCY APPLICATION FOR LIBRARY CARD

Statement of Eligibility for Agency:

Any business, agency, or community organization conducting business or engaged in activity in Erie County, which can meet identification requirements established by B&ECPL Administration and can authorize an individual to accept financial responsibility for the use of library resources, is eligible for an Agency Card.



Agency Name _____

Agency Address _____
No. Street

City County State Zip Code (Zip + 4)

Agency Telephone (_____) _____

Contact Name _____

Contact Address _____
No. Street

City County State Zip Code (Zip + 4)

Contact Telephone (_____) _____

Notification: Select Preferred Method of Notification for Overdue, Lost and Request Items:

E-mail Address _____
I would like overdue, lost item and request notices sent to the above e-mail account.

Telephone Number (____) _____
I do not have an e-mail account. I would like overdue and request notices from an automated telephone system.

Notices are sent as a courtesy. Non-receipt of a notice does not eliminate liability for outstanding materials or fines.

Yes! I would like to receive information about the Buffalo and Erie County Public Library.

Borrowers must adhere to Library policy and procedures. Individuals are expected to return library materials on time and in good condition to avoid fines and possible referral to a collection agency which results in an additional fee. The Library is not responsible for any damages to electronic equipment incurred during the use of Library materials.

By signing this application, I accept responsibility for all materials and computer usage associated with my library card. This includes fines and/or fees incurred for overdue, lost, damaged or stolen items. I will immediately notify the Library if there is a change in name, address, e-mail address, telephone number or loss/theft of this card.

Signature _____ Date _____

This application must be accompanied by the attached statement printed on your agency's letterhead for verification purposes.

Staff Use Only below this line

Date _____

User Profile

Previous ID #10001 _____

Agency

Patron ID #10001 _____

Driver's License/ID: _____

Expiration Date _____

New

Profile Change

COA

Phone Number Change

LC Report

Name Change

Replacement

E-mail Change

Staff Initials _____

Rev. 10/07

**Application must be kept on file
for the term of the card.**

PIN _____

4 numbers only – no letters
(Staff member give PIN to applicant)

