

PROXY APPLICATION FOR ADULT LIBRARY CARD

Name _____
First Middle Initial Last

Preferred First Name _____

Local Address _____
No. Street

City County State Zip Code (Zip +4)

Telephone (_____) _____ Date of Birth _____
Month/Day/Year

E-Mail Address _____

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

Need a PIN?

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

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

E-mail Address Telephone

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 _____

Yes! I would like to receive periodic updates about Library services, programs and activities.

Permanent Address _____
(If different from above) No. Street

City State Zip Code (Zip +4)

Patron Authorization

I authorize _____ to act on my behalf in applying for a library card.
First Middle Initial Last

I understand that the library card will be mailed to me.

Proxy Information

Name _____
First Middle Initial Last

Local Address _____
No. Street

City County State Zip Code (Zip +4)

Signature _____ Date _____

Staff Use Only below this line

Patron ID #10001 _____ Staff Initials _____ Date _____ #105 SUP Rev 2/8/2022