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 (_______)____________________ E-Mail Address ____________________________________

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 in-
cludes 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.

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

Date _______________________________________________ Staff Use Only below this line
Previous ID #10001 ___________________
Patron ID #10001 ___________________
Type of ID used ____________________________

☐ New            ☐ Profile Change
☐ COA            ☐ Phone Number Change
☐ LC Report      ☐ Name Change
☐ Replacement    ☐ E-mail Change

Staff Initials ____________________________ #107 SUP Rev. 8/12/2015

Application must be kept on file for the term of the card.
I _______________________________, do certify, that I am authorized to accept organizational responsibility for the above named or organization’s use of library resources. This includes, but is not limited to, the organization’s financial accountability for overdue, lost or damaged library materials.

________________________________________
Signature

________________________________________
Office or Position