



LIBRARY CARD APPLICATION

Photo identification and proof of current mailing address are required for all registrations. If you are 17 years of age or under, your parent/guardian must sign the application form.

PLEASE PRINT

Last Name _____ First Name _____

Middle Name _____ Maiden Name _____

Date of Birth (MM/DD/YYYY) ____/____/____

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____

Township _____ Driver's License Number _____

Mailing Address (if different than above) _____

Phone (____) _____ E-mail Address _____

How would you prefer to receive notices from the Library relating to your account? ☐ Email ☐ Phone**ACCEPTANCE OF RESPONSIBILITY**

I accept responsibility for the safekeeping of library materials borrowed against my card. I **agree** to give immediate notice of change of address or loss of card. I **agree** to pay fines or other charges imposed for late return, loss, damage, or mutilation of library materials including the one item checked out today.

Applicant Signature _____ Date _____

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If applicant is 17 years of age or under, please complete the following:

I hereby grant permission for my child to have a library card and use LHPL's online services. I accept responsibility of all use of my child's card, all library materials checked out on the card, and all charges made against it.

Name of Parent/Guardian _____ Signature _____

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For Staff Use Only-Please Initial _____

Proof of Address _____ Reside in LHPL District _____ Application Fully Completed _____

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Item Title _____ Barcode # _____