Calaveras County Library Card Application

PLEASE PRINT

LAST NAME:_____FIRST NAME_____MI_____

MAILING ADDRESS:_____CITY:_____ZIP:_____

PHYSICAL ADDRESS:_____CITY:_____ZIP:_____

H. PHONE | | | | — | | | | — | | | | | W. PHONE | | | | — | | | | — | | | | |

IDENTIFICATION:_____(Acceptable forms of identification are current driver's license, DMV ID card, passport, or resident alien card. Personal check, current driver's license, current utility bill, vehicle registration or insurance cards are examples of proof of current address)

BIRTHDATE:_____/_____/_____

E-MAIL ADDRESS:_____If you give us your email address, *ALL* overdue notices and items available will be sent electronically to this address. (Email users will receive advance notice 2 days prior to due date.)

PIN #_____A PIN is a password that allows you to view your library record, renew items online and place holds. It may contain numbers and letters and should be 4-5 characters in length.

SIGNATURE OF APPLICANT OF PARENT/GUARDIAN FOR PERSONS UNDER 18 YEARS OF AGE

I understand that the Library permits children access to all resources and materials within the library. The Library provides a broad range of materials, in print, in other formats, as well as through the internet, some of which may not be suitable for minors.

I agree to accept responsibility for the selection I make for myself and selections made by my children. All library cardholders are granted user confidentiality under the California Public Records Act (Government Code 6267) which prohibits the release of circulation records of library users.

I agree to obey the rules and regulations of the Calaveras County Library and to be responsible for all materials borrowed, and for all charges incurred for any overdue, lost, or damaged materials borrowed with this card, and know the Library may use a collection agency to ensure the return of materials and the payment of fines and fees.

I agree to notify the Library of change of address or email address, telephone number, and name, or if this card is lost or stolen.

☐ I HAVE READ AND AGREE WITH THE CALAVERAS COUNTY LIBRARY INTERNET USE POLICY.

Signature:_____***Date***_____

PARENT OR GUARDIAN PLEASE PRINT YOUR NAME AFTER SIGNING

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LIBRARY USE ONLY

Card # 2 3732 000 | | | | | | |

Checked ID_____Employee Initials_____

OPTIONAL

Supervisorial District

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