

LIBRARY CARD APPLICATION



GENERAL INFORMATION – PLEASE PRINT CLEARLY

All information is kept confidential and used only for library purposes per WI Statute 43.30.

LAST NAME		FIRST NAME	MIDDLE INITIAL
BIRTHDATE / /	EMAIL		
ADDRESS		APT. No.	PO Box
CITY		STATE	ZIP
PHONE (Last 4 Digits Will Be Your Password) () -		ALTERNATE PHONE () -	

NOTIFICATION OPTIONS (PLEASE SELECT ONE)

Phone Call Email Text Message – Cellular Provider _____ Email and Text

I would like to maintain my reading history

PROOF OF IDENTIFICATION REQUIRED

Government issued picture I.D. with current home address information and proof of temporary address with name associated.

PLEASE READ AND SIGN

Patron may borrow any circulating item in the CAFÉ collections. Cardholder agrees to the following:

- I will follow all Oconomowoc Public Library rules and policies as listed on the library's website.
- I am responsible for all costs and fees for lost or damaged materials and equipment.
- I am responsible for fines for materials returned after due date.
- I am responsible for attorney's fees incurred in material recovery or in collection.
- I agree to report loss/theft of my card as soon as possible. I am responsible for all materials borrowed on my card up to the time I report it lost/stolen.
- As a parent/guardian, I am responsible for the selection and return of all materials borrowed by my children (under 18 years old), and for children's use of all library services, including internet.
- I understand by opting to maintain my reading history that such data may be accessed by law enforcement personnel without my consent.

By signing this application, patron acknowledges all information is correct and that they understand these rules.

APPLICANT SIGNATURE _____	DATE _____
PARENT/GUARDIAN SIGNATURE _____	DATE _____
PRINT PARENT/GUARDIAN NAME _____	_____

FOR LIBRARY USE ONLY – DO NOT WRITE BELOW THIS LINE

Barcode _____ Municipal Code _____ Staff Initials _____