



City of Commerce Public Library Library Card Application



Name: (First, Middle, Last) _____

HomeAddress: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Language Preference: (choose one) English Spanish

Birthdate: _____

Driver License/I.D. # _____

PIN# (4 digits to access your personal library record)

Would you like the system to keep a history of your checkouts? Yes No

Would you like for your photo to be taken and added to your Library account? Yes No

How would you like to receive library notices? (choose one) Phone Email

E-MailAddress: _____

ACCEPTANCE OF RESPONSIBILITY:

I agree to be responsible for all materials checked out to my card, with or without my consent. I will report a lost or stolen card, or any change of personal information immediately. I will comply with all library rules and policies. I understand that there will be charges for overdue, lost, damaged, and/or stolen library materials.

Signature: _____ Date: _____

For Parent/Legal Guardian of Minor Applicant (If applicant is 17 years old or younger)

STAFF USE ONLY

Parent/Legal Guardian Name: _____

Circle Ptype:

I give permission for this minor to borrow any audio visual material:

YES NO

A J JNOAV

I give permission for this minor to use the library computers including the internet and, I have read and understand the Public Access Computer Agreement for Minors:

YES NO

User Cat 1: (Jurisdiction)

I give permission for this minor to have his/her photo taken and added to the Library account:

YES NO

Agency: BA BR RO VE

Barcode #:

ACCEPTANCE OF PARENT RESPONSIBILITY:

I accept the responsibility of all items checked out on my child's library card, with or without my consent. I will report a lost or stolen card or any change of personal information immediately. My child will comply with all library rules and policies. I understand that there will be charges for overdue, lost, damaged and/or stolen library materials. Limiting access to library materials is the responsibility of the parent. The library does not restrict access to any material.

Proof of Address:

Application accepted by:

Parent/Legal Guardian Signature: _____

Date: _____