

LIBRARY CARD APPLICATION

NAME _____
(Last) (First) (Middle)

ADDRESS _____ APT _____

CITY _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

E-MAIL _____

Preferred Account Notifications (select one) ☐ Phone ☐ Email

☐ Additional Text _____ Mobile Carrier _____

Preferred Language _____

Permission to Pick up Holds _____

I affirm that the above information is correct.

As a Palatine district resident, I am applying for a Palatine Public Library District card.

I understand and agree to:

- Report loss or theft of card promptly.
- Be responsible for materials before loss of card is reported.
- Report change of name and/or address promptly.
- Strictly use this card only for myself and notify the library when leaving the district.
- Have my photographic image taken and provide my birth date as proof of identity.
- Comply with all its rules and to promptly pay fees or damages charged to me, with the understanding that unresolved charges not paid within 45 days of notification will be forwarded to a collection agency.

Applicant signature _____ Date _____

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT:

- I want my child to have access to materials available at the Library.
- I recognize that the Library may have materials I feel are not appropriate for my child.
- I understand that I have the right and responsibility to make choices for my child.
- I understand that at my child's age of 14, I will no longer have access to my child's Library record without their permission.
- I accept the responsibility for any debt incurred by my child through fees or damages.
- I understand that I have permission to revoke my child's Library card at any time up to age 18.

Parent/Guardian Signature _____

Print name _____