

TRI-CITY PUBLIC LIBRARY DISTRICT

Borrower Application Form

Resident _____ Non-Resident _____

Applicant must show proof of residency.

Name: First: _____ M.I.: _____ Last: _____

Street Address: _____ City/Zip: _____

Mailing Address (if different): _____

Phone: Home: _____ Cell: _____ Work: _____

Driver's License Number: _____ Email: _____

Birth Date: _____ PIN Number (4 numeric digits) _____

Do you wish to receive text messages regarding items received and status of items checked out?

Yes _____ No _____ If yes, who is your cell service provider? _____

I agree to comply with library rules and guarantee payment for overdue/lost materials charged to this card. I will report my address change promptly.

Signature of Applicant: _____

If age 17 or younger: As parent or guardian I guarantee payment for lost/overdue materials.

Signature of Parent/Guardian: _____

FOR OFFICE USE ONLY:

Expiration _____