

# Holbrook Public Library

## Library Card Application —PLEASE PRINT—

Last Name		First Name		Middle Name	Male or Female
Mailing Address					Apt.#
City	State	Zip Code	County	Phone ( )	
Street Address				Email Address	
City	State	Zip Code	County	Phone ( )	

List all other names you have used: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date of birth: Month/ \_\_\_\_\_ Day/ \_\_\_\_\_ Year/ \_\_\_\_\_

Age (circle one):      18-64      65 and over

### Statement of Responsibility

I agree to be responsible for material borrowed with this card, and for loss and damage of material charged upon it. I understand that I am responsible for notifying the library in case of loss or theft of this card. Failure to do so will result in my being held liable for materials charged on this card and for any fines incurred on this card.

Signature: \_\_\_\_\_

### FOR STAFF USE

Picture ID: \_\_\_\_\_ Proof of Residence: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Patron ID# \_\_\_\_\_