Tripoli Public Library Patron Card Application

Do not fill in BOLD Highlighted areas--for library staff use only.

| Patron #: | Card Expires: | Patron Type: | |
|------------------------------|---|---------------------------------------|--|
| Driver's License or ID #: | Int. Policy Read: | Probation Status Review Date: | |
| Last Name: | First Name: | Middle Name: | |
| Address: | Birth Date: | Gender(M/F): | |
| City: | Phone #: | Email Address: | |
| State: | Cell Phone # : | May we contact you by cell #? Yes No | |
| Zip Code: | Parents Name if under 18: | May we contact you by email?: Yes No | |
| Address Rural Bremer County? | Address Frederika? Date of Application: | | |
| Yes No | Yes No | | |

By signing this application I hereby agree to obey all the rules and regulations of the Tripoli Public Library; to return all materials in a timely manner; to pay promptly all fines charged against me for late, damaged or lost materials; and to notify the library immediately of any change of address or phone number. (2 Forms of identification are required)

| Applicant Signature: | | |
|----------------------|--|--|
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By signing this application I agree to allow my child to borrow books from the Tripoli Public Library and promise to pay promptly for any fines incurred by my child for late, damaged or lost materials.

| Parent Signature for Minor Applicant: | | |
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INTERNET USE by Minors

I have read the Tripoli Public Library Internet Policy and give permission for my child to use the internet computers.

| Parent Signature for Minor Applicant (Age 17 and Under): | |
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