LINCOLN HERITAGE LIBRARY CARD
APPLICATION/CONTRACT

Today's Date Month Day Year

Last Name First Name Middle Initial

Home Address Apt.#

City State Zip Code

Driver's License Number/State ID# State Sex ☐ M ☐ F Contact Phone Number

Mailing Address *(If Different From Home Address)* Apt.#

City State Zip Code

E-mail Address Date of Birth

May we contact you? ☐ Yes ☐ No AGE: ☐ Up to 12 ☐ 13-17 ☐ 18-54 ☐ 55+

Please read before signing:

I accept responsibility for the safekeeping of library materials borrowed against my card. I agree to give immediate notice of change of address or loss of card. **I agree to pay any fines or other charges imposed for late return, loss, damage, or mutilation of library materials.**

Signature of Applicant

As all library materials and computers will be available to this child, I assume the responsibility of monitoring the child's library and Internet use. I understand that children should not be left unattended in the library. I approve the issuance of a library card to the child whose name is signed to this application. I agree to give immediate notice of change of address or loss of card. I agree to pay any fines or other charges imposed for late return, loss, damage, or mutilation of library materials.

Signature of Parent or Guardian
(Required for all applicants under age 18)

FOR LIBRARY USE ONLY

☐ FEE ID#

☐ NEW REGISTRATION

☐ COURTESY DATE ENTERED

☐ RE-REGISTRATION

☐ COMPUTER CUSTOMER

☐ RESTRICTED CARD

TYPE OF ID USED

Print Name BRANCH INITIALS

☐ Parent ☐ Legal Guardian