TOLEDO PUBLIC LIBRARY
173 NW 7th ST
Toledo, OR 97391
Phone: 541-336-3132

OFFICE USE ONLY

Patron # _____

ADULT APPLICATION FOR LIBRARY CARD

Welcome to the Toledo Public Library. Thank you for providing the information below so that we can better serve you.

I apply for the right to use the library and promise to comply with all its rules, to pay fees or damages charged to me promptly, and to give immediate notice of change in my address or phone number.

PRINT FULL NAME: _____
First Middle Initial Last

TELEPHONE: _____

MAILING ADDRESS: _____
Street or P.O. Number

_____
City State Zip

STREET ADDRESS (if different): _____

E-MAIL ADDRESS (optional): _____

BIRTH DATE (month/day/year): _____

ADDITIONAL CONTACT

Thank you for providing the name and phone number of a relative or friend **not living with you** who will know how to contact you if we do not have the correct phone number or address for you.

NAME: _____

MAILING ADDRESS: _____
Street or P.O. Number

_____
City State Zip

TELEPHONE: _____

RELATION TO PATRON: _____

NOTICE: There is no charge for this card, but if it is lost, a replacement costs $0.50.

The person whose signature appears below is responsible for the material checked out to this account.
Signature: _____ Dated: _____