

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

OFFICE USE ONLY

Patron # _____

LEGAL MINOR (under 18) 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): _____

FOR PARENT/GUARDIAN TO COMPLETE

PARENT OR GUARDIAN NAME: _____

MAILING ADDRESS: _____
Street or P.O. Number
City State Zip

TELEPHONE: _____

EMAIL: _____

I agree to be responsible for my child's compliance with the library rules and fees mentioned above. I am aware that the library does not restrict access to any library materials on the basis of age. This includes access to the Internet. Knowing this, I give my permission for this legal minor to hold a library card. I accept responsibility for their use and selection of library materials, including Internet use.

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: _____