

Waterville Public Library

Adult Library Card Application

PROOF OF IDENTIFICATION AND CURRENT LOCAL ADDRESS must be presented with this application.

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Preferred Name: _____ Birth Date: _____

MAILING ADDRESS

Street: _____ P.O. Box _____

City/State: _____ Zip Code: _____

Phone: _____ Other Phone: _____

Resident in the Town of: _____

If you would like to receive library notices and news by email please provide your email address below.

E-mail: _____

PLEASE READ CAREFULLY AND SIGN

I agree to observe the Library's rules and policies (posted at www.watervillepl.org), including its Rules of Conduct and Internet Access Policy, and will be responsible for all materials borrowed on my card. I agree to pay fines or other charges imposed for late return, loss or damage of library materials. I will notify the library if my card is lost, or if I change my name or address. I will not allow any other person to use my card.

Signature: _____ Date: _____

TO BE COMPLETED BY STAFF

CARD NUMBER: _____ Proof of Residency: _____

Staff: _____ Date: _____