

HORICON PUBLIC LIBRARY

404 East Lake Street, Horicon, Wisconsin 53032

Library Card Application

All information given is confidential. Patron privacy is protected under Wis. Stat. 43.30.

Please print clearly and fill out form completely.

NAME: _____

(As appears on Driver's Lic.)

Last Name

First Name

MI

ADDRESS:

Street

Apt. /Space #

City

State

Zip Code

COUNTY: _____ TOWNSHIP: _____

BIRTH DATE: _____ / _____ / _____ PHONE #: _____

Month

Day

Year

Check here if applicant is under 18: current grade _____ EMAIL: _____

PREFERRED NOTIFICATION METHOD: Phone _____ Email _____ Text _____ ACCOUNT PIN: _____

(To receive reserved item notification and other notices)

(online password)

PLEASE READ AND SIGN BELOW:

I accept responsibility for all the materials charged to this card, including fines, fees, and charges assessed to it.

I understand that there are fees to replace lost or damaged Library materials or Library cards.

It is my responsibility to notify the library immediately if I change my name or address.

I understand that I must follow all Library rules of behavior and that if I choose not to comply with these rules my Library privileges may be suspended or revoked.

X _____

(Signature of applicant)

PARENT OR LEGAL GUARDIAN INFORMATION

Please print Parent or Guardian information if applicant is under 18 years of age.

NAME: _____

(as appears on Driver's Lic.)

Last Name

First Name

MI

ADDRESS:

(If different from minor's address) Street

Apt. /Space #

City

State

Zip Code

BIRTH DATE: _____ / _____ / _____ PHONE # _____

Month

Day

Year

PLEASE READ AND SIGN:

I have given permission for the minor listed on this application to receive Library privileges.

I accept responsibility for all the materials charged to this card, including fines, fees, and charges assessed to it.

I understand that I am taking responsibility to ensure that the minor will follow all Library rules of behavior and that if he or she chooses not to comply with these rules, his/her Library privileges may be suspended or revoked.

X _____

(Signature of parent/guardian)

(Staff use only)

Barcode #: _____ Client ID# _____ Initials/Date: _____

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Music Permission

I hereby give the minor child named on the front of this form permission to check out music in any format.

As a parent/guardian, I agree to be responsible for the selection, use and return of any items borrowed by said minor. I agree to pay any fines and/or damage charges incurred by him/her.

I understand that in trying to serve a variety of patrons, the library may have materials that could be objectionable to some people. I also understand that there is no censorship based on Parental Advisory ratings at the desk.

X _____
(signature of parent/guardian)

Movie and Games Permission

I hereby give the minor child named on the front of this form permission to check movies and games in any format.

As a parent/guardian, I agree to be responsible for the selection, use and return of any items borrowed by said minor. I agree to pay any fines or damages charges incurred by him/her.

I understand that in trying to serve a variety of patrons, the library may have materials that could be objectionable to some people. I also understand that there is no censorship based on Classification & Rating Administration (CARA) or Entertainment Software Rating Board (ESRB) at the desk.

X _____
(signature of parent/guardian)

Other Authorized Users

NAME: _____
(Please print) Last Name First Name MI
may use this library card to check out any materials at the library. I understand that the library staff will not censor any material at the desk.

I agree to be responsible for the selection, use and return of any items borrowed by person/s named above. I agree to pay any fines and/or damage charges incurred by him/her.

I understand that in trying to serve a variety of patrons, the library may have materials that could be objectionable to some people.

Authorized users that have had their own borrowing privileges blocked or barred **may not** exercise borrowing privileges on this account.

X _____
(Signature of applicant)