

DOVER PUBLIC LIBRARY
JUVENILE LIBRARY CARD APPLICATION (Under 18)

Please Read Carefully:

Application for a library card must be made in person. All information is held confidential and will be used only by the Dover Public Library.

To Be Filled In By Parent/Guardian: (Please Print)

CHILD'S FIRST NAME _____ MIDDLE INITIAL _____

LAST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL #() _____ CELL CARRIER (AT&T, VERIZON, etc) _____

HOME PHONE () _____ BIRTHDATE: MONTH _____ DAY ____ YEAR _____

PASSWORD _____ EMAIL ADDRESS _____

Your Password allows you to access your library account online. The last 4 digits of your phone number will be your password unless you request a different 4-digit number.

WOULD YOU LIKE TO RECEIVE TEXT MESSAGE REMINDERS ABOUT OVERDUE ITEMS, HOLDS NOTIFICATIONS, ETC?

YES _____ NO _____

WOULD YOU LIKE TO RECEIVE THE LIBRARY'S E-NEWSLETTERS VIA EMAIL? YES _____ NO _____

BORROWER'S AGREEMENT

I agree to observe all rules established by the library. I agree to pay any charges assessed if materials I borrow are damaged, lost, or returned late, and to accept responsibility for any damage incurred to personal equipment resulting from use of library materials. I understand that I am responsible for all materials checked out on my card, even if I let another person borrow my card. I further agree to report a stolen or lost card immediately. I understand that the library reserves the right to use a collection service for patron accounts with balances of \$100.00 or more. As the parent/guardian of a child under 18, I agree to pay charges assessed if materials checked out to that child are damaged, lost, or returned late. I understand that the library serves a diverse population and, therefore, contains materials that some parents/guardians may believe to be inappropriate for children. I acknowledge that I am solely responsible for seeing that my child borrows suitable materials.

PARENT/GUARDIAN PRINTED NAME _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

LIBRARY USE ONLY

BARCODE _____

STAFF INITIAL _____