

**Antigo Public Library**  
617 Clermont St.  
Antigo, WI 54409  
715-623-3724  
www.antigopl.org



# ADULT

## Application for Library Borrower Privileges

PLEASE PRINT CLEARLY. COMPLETE ALL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female Maiden Name \_\_\_\_\_  
(If changed)

Address: \_\_\_\_\_  
(LOCAL) Street  
\_\_\_\_\_  
City/Village State Zip

County: \_\_\_\_\_ Township: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Please select a 4-digit PIN: \_\_\_\_\_  
(Required)

Mailing Address#2 If not the same as above, please complete:

\_\_\_\_\_  
Street, RR/Fire Number or P.O BOX City State Zip

**Required:** Driver's License #, State ID#, current Military ID#, Passport#, Tribal ID#, or Alien Green card #  
of applicant: \_\_\_\_\_ State: \_\_\_\_\_

IF YOU'RE A TEACHER, please indicate your School Name and Phone #:

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Notices are sent to patrons when items they have ordered have arrived and when items are overdue/  
billed. Please indicate how you would like to receive these notices:

- \_\_\_\_\_ **email** (must provide an email address)  
\_\_\_\_\_ **telephone** (as long as the area code is not out of state)

### REQUIRED -- PLEASE READ AND SIGN:

I accept responsibility for all materials borrowed on this card and for any associated charges. I agree to  
comply with library policies, and will report a lost or stolen card or change of address immediately.  
Parents are responsible for all use on this card by minor children

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Library Use Only**

Barcode No. \_\_\_\_\_

Patron Code 4: \_\_\_\_\_

**Staff member must verify the DLN or ID**

Date of Initial Entry: \_\_\_\_\_

Application checked by: \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date checked: \_\_\_\_\_