

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



# MINOR

## Application for Library Borrower Privileges

PLEASE PRINT CLEARLY. COMPLETE ALL INFORMATION

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female

Address: \_\_\_\_\_  
(LOCAL) Street

\_\_\_\_\_  
City/Village State Zip

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

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

E-mail 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

**Check here if you do not wish your child to have internet access** \_\_\_\_

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:** Driver's License #, State ID#, a current Military ID#, Passport#, Tribal ID or Alien Green card # is required of

Guardian: \_\_\_\_\_ State: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 of this card by minor children.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print full name

**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: \_\_\_\_\_