

**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 \_\_\_\_\_

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

City/Village State Zip

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

Phone: (\_\_\_\_) \_\_\_\_\_ Please select a 4-digit PIN: \_\_\_\_\_  
**(Required)**

Email Address: \_\_\_\_\_

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, a current Military ID, Passport, Tribal ID or Alien Green card number is required.

**ID Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**If you're a teacher, please indicate your School's 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**

### **REQUIRED -- PLEASE READ AND SIGN:**

I accept responsibility for all materials **and equipment borrowed or used** on this card and for any associated charges. I agree to comply with library policies and will report a lost or stolen card immediately.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Library Use Only**

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

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

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

Staff Initials/Date of Initial Entry: \_\_\_\_\_

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

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