

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 when 13, this includes any current access to the children's computers. _____

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

ID Number: _____ **State:** _____ **BIRTHDATE:** __/__/____

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. Parents are responsible for all use of this card by their minor child.

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____ **Date:** _____

Please print full name (Required)

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: _____