

Marshall Public Library – Card Application

Staff Use

Bar Code: _____ Card Type: Adult Child Temp

Address Verification: _____ Reciprocal Borrower

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name (if applicable): _____

Address: _____

City, St, Zip: _____

Phone Number: _____ Phone Provider: _____

Email: _____

Preferred Notification Method (Text or Email): _____

Date of Birth: _____ Driver's License or State ID: _____

I understand:

- I must report any changes in address, telephone number or address to the Library
- My card may be deactivated if not used within 2 years
- There is a replacement charge of \$1.00 for lost or stolen cards
- My library card is non-transferable, including within my family
- I am responsible for all fines, damages, losses, and collection costs charged against me.

I agree:

- To return materials when due
- To pay for any materials I fail to return
- To pay any charges on this card if lost or stolen and I fail to report it
- To be the sole user of my card
- To pay for any damage to borrowed items

Idaho Code 33-2620: The failure to return borrowed library material is a crime in Idaho.
More information about this is available upon request.

Signature: _____ Date: _____

Parent/Guardian: For minor card please initial for acceptance of terms.

_____ I agree to ensure this minor is in compliance with all library borrowing rules and regulations.

_____ I realize I am responsible for all charges incurred by this minor.

_____ I understand I am responsible for supervising access to all books and media for this minor.

Parent/Guardian Name (Print) : _____ Signature: _____

(Optional) 2nd adult who may have access to this minor's account: _____

(Optional) 3rd adult who may have access to this minor's account: _____