

West Point Public Library

Library Card Application

Staff Initials

By completing this application I agree as a cardholder, parent, or guardian, to accept full responsibility for all materials selected and borrowed on the account listed below, including any lost, damage, or fines incurred. I agree to abide by all Library policies.

I agree to notify the Library if the card is lost or stolen. Failure to do so will result in my liability for all debts related to the account.

- I understand there is daily fine for all materials checked out and not returned by the due date. I understand the borrowing period for most materials is two (2) weeks and one (1) week for DVDs, STEM backpacks, and Hotspots. Parents or guardians have the responsibility to monitor their children's access to Library materials.
- I understand that if Library materials are not returned for two months they are considered stolen and that my contact information will be turned over to the West Point Police Department for retrieval.
- I will notify the library of any change in contact information, including address or telephone number.
- Accounts with unpaid fines/fees of \$10.00 or more will have borrowing privileges and computer access suspended until fines/fees equal less than \$5.00.
- A maximum of two (2) renewals is permitted on most renewable items with the exceptions of DVDs, STEM backpacks, and Hotspots which you are
 permitted one (1) renewal.
- Library cards expire yearly. Lost cards incur a \$1.00 replacement fee.
- If an Open Access patron, Interrlibrary Loans (ILL) and access to downloadable materials will be handled by the patron's "Home" library.
- · Courtesy notifications regarding due dates, overdue materials, and reserves will be sent by text or email.
- There are no age restrictions for borrowing or using library materials and resources, including the Internet, with the exception of Hotspots (ages 16+).

APPLICANT ADDRESS: STREET/P.O. BOX (with proof of lowa address) APARTMENT Date	APPLICANT NAME: (I	Please print)			DAT	E OF BIRTH:	GENDER	
STREET/P.O. BOX (with proof of lows address) STREET/P.O. BOX (with proof of lows address) APARTMENT Date Library Use Only Date Library Use Only Date Library Use Only Date Library Card # Library Card # Library Card # Driver's License # Address Verified Driver's License # Address Verified Driver's License/State ID Mail/Bill Lease Report Card Other *Applicant Signature Date *Applicants under age 12 require parent/guardian signature Parent/Guardian Print Name Relationship I hear by accept full responsibility for all materials selected and borrowed on the account listed above, including any lost, damage, or fines incurred. Signature Date Date Age Type Adult OA/Rural/WP/SP/H Teen OA/Rural/WP/SP/H Teen OA/Rural/WP/SP/H Teen OA/Rural/WP/SP/H Teen OA/Rural/WP/SP/H Teen OA/Rural/WP/SP/H	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (Jr./I/etc.)	MM	JJ_ DD YYYY	M/F	
Date	APPLICANT ADDRES	SS:						
ELEPHONE #1: TELEPHONE #2:						Library	Use Only	
TELEPHONE #1: TELEPHONE #2:	STREET/P.O. BOX (with proof of Iowa address) APARTMENT					Date		
Driver's License # Address Verified Certify that the information provided is true and correct to the best of my knowledge. Applicant Signature	CITY	COUNTY	STATE	ZIP CODE		Library Card	#	
Driver's License # Address Verified Certify that the information provided is true and correct to the best of my knowledge. Applicant Signature	ΓELEPHONE #1:		TELEPHONE #2:					
Address Verified Driver's License/State ID Mail/Bill Lease Report Card Other	Circle)	HOME/CELL/WORK		HOME/CELL/WORK				
Driver's License/State ID Mail/Bill Lease Report Card	MAIL: I live within the city limits of my town: YES / NO							
Mail/Bill Lease Report Card								
Applicant Signature	I certify that the information provided is true and correct to the best of my knowledge.							
*Applicants under age 12 require parent/guardian signature Parent/Guardian Print Name	Applicant Cimpeture							
*Applicants under age 12 require parent/guardian signature Parent/Guardian Print Name	Applicant Signature	e	U	ate				
Parent/Guardian Print Name Relationship I hear by accept full responsibility for all materials selected and borrowed on the account listed above, including any lost, damage, or fines incurred. Signature Date Adult OA/Rural/WP/SP/H* Teen OA/Rural/WP/SP/H*	*Applicants under age 12 require parent/guardian signature							
Print Name Relationship I hear by accept full responsibility for all materials selected and borrowed on the account listed above, including any lost, damage, or fines incurred. Signature Date Age Type Adult OA/Rural/WP/SP/H Teen OA/Rural/WP/SP/H	Parent/Guardian					ID Shown		
I hear by accept full responsibility for all materials selected and borrowed on the account listed above, including any lost, damage, or fines incurred. Date						Driver's License/State ID		
I hear by accept full responsibility for all materials selected and borrowed on the account listed above, including any lost, damage, or fines incurred. Signature	Print Name		Relationship			Passport		
Signature	I hear by accept full	responsibility for all materials selec	ted and borrowed on the a	ccount listed above,		Job Issued ID		
Adult OA/Rural/WP/SP/H Teen OA/Rural/WP/SP/H	including any lost, da	amage, or fines incurred.				Other		
Teen OA/Rural/WP/SP/H	Signature		Dat	e		Age	Гуре	
						Adult OA	Rural/WP/SP/H	
					J	10011		

Please present this form with a driver's license or other acceptable identification with current address and signature. This may include: valid driver's license; other lowa state issued identification card, valid school ID, along with a piece of mail post marked within the last 30 days; a recent utility bill or lease and combined with a signature/photo ID. Students may submit progress or report cards from current term.