



City of Commerce Public Library Library Card Application



Name: (First, Middle, Last): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Language Preference: (select one) English or Spanish

Birthdate: _____

Driver License/I.D. #: _____

PIN # (to Access your personal library record) _____

Would you like the system to keep a history of your checkouts? Yes No

Would you like for your photo to be taken and added to your Library account? Yes No

How would you like to receive library notices? (select one) Phone or Email

Email Address: _____

ACCEPTANCE OF RESPONSIBILITY:

I agree to be responsible for all materials checked out to my card, with or without my consent. I will report a lost or stolen card, or any change of personal information immediately. I will comply with all library rules and policies. I understand that there will be charges for overdue, lost, damaged, and/or stolen library materials.

Signature: _____ Date: _____

For Parent/Legal Guardian of Minor Applicant (If applicant is 17 years old or younger)

Parent/Legal Guardian Name: _____

I give permission for this minor to borrow any audio visual material:
(Select one) Yes No

I give permission for this minor to have his/her photo taken and added to the Library account: (Select one) Yes No

ACCEPTANCE OF PARENT RESPONSIBILITY:

I accept the responsibility of all items checked out on my child's library card, with or without my consent. I will report a lost or stolen card or any change of personal information immediately. My child will comply with all library rules and policies. I understand that there will be charges for overdue, lost, damaged and/or stolen library materials. Limiting access to library materials is the responsibility of the parent. The library does not restrict access to any material. I acknowledge that by signing this application I give permission for this minor to use the library computers including the internet and I have read and understand the Public Access Computer Agreement for Minors.

Parent/Legal Guardian Signature: _____

STAFF USE ONLY

Circle patron type
A J JNOAV

User Car Jurisdiction

Agency:
BA BR RO VE

Barcode #

Proof of Address

Application Accepted
By: _____

Date: _____