

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: ____/____/____ Maiden Name _____
(If changed)

Address: _____
(LOCAL) Street

City/Village State Zip

County: _____ Township: _____

Phone: (____) _____

Email 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

Required: Driver's License #, State ID#, current Military ID#, Passport#, Tribal ID#, or Alien Green card #
of applicant: _____ State: _____

IF YOU'RE A TEACHER, please indicate your School 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** (as long as the area code is not out of state)

REQUIRED -- PLEASE READ AND SIGN:

I accept responsibility for all materials borrowed on this card and for any associated charges. I agree to
comply with library policies, and will report a lost or stolen card or change of address immediately.
Parents are responsible for all use on this card by minor children

Signature of Applicant: _____ **Date:** _____

For Library Use Only

Barcode No. _____

Patron Code 4: _____

Staff member must verify the DLN or ID

Date of Initial Entry: _____

Application checked by: _____

Staff Initials _____

Date checked: _____