

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: ____/____/____

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 ____

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

Guardian: _____ State: _____ Birthdate: ____/____/____

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 of this card by minor children.

Signature of Parent or Guardian: _____

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

Please print full name

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: _____