

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: ____/____/____ Male ____ Female

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: _____