

Print Cardholder's LAST Name _____



Please present your identification to library staff. State of ID: _____

First _____ M.I. _____ Last name _____

Street Address _____

Alt. Address/ P.O. Box _____

City _____ State _____

County _____ Zip Code _____

My address is in the . . . (circle one)

Village of _____ Township of _____ City of _____

Email Address _____

Home/Primary Phone _____

Alt./Work Phone _____

Date of Birth (mm/dd/yyyy) _____

Parent/Guardian's Name & Contact Information (if different from above).
Required for individuals under 16 years old:

Primary language if not English _____

Would you like access to your check out history? (circle one) Yes / No

What is your notification preference? (circle one) phone / email

Do you want reminder emails about items currently checked out?
(circle one) Yes / No

The signature of the applicant or juvenile applicant's parent/legal guardian below verifies the acceptance of all library policies, of financial responsibility related to use of the library card issued to this applicant, and that information provided above is correct.

(Signature of Applicant/Parent/Legal Guardian)

Submit this application form to Hazel Green Public Library staff for processing.
Date Application Processed: _____ Staff Initials: _____

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