

WEST FARGO PUBLIC LIBRARY BORROWER'S APPLICATION

ADULT: Ages 17 and up **YOUTH: Ages 14-16 with photo I.D.**

I am registering:

Myself for a card ONLY my child(ren) Myself and my child(ren)

Name _____

Last
First
Middle Initial

Mailing Address _____
Apt. #

City
State
Zip Code

Residence Address (if different) _____
Apt. #

City
State
Zip Code

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Birth date for Youth (14-16) only _____

(Optional) I authorize the following individual(s) to access this account:

For office use only: Barcode # _____

Processed by: _____ Form of I.D. _____

Fargo Public Library or LARL # _____

Non Resident Amount paid _____

Borrower's Agreement:

Please sign after reading the requirements below:

I agree:

- **To show my Library card when material is borrowed.**
- To be responsible for all materials borrowed on this card and to reimburse the Library for any lost or damaged materials.
- To return Library materials on time and to pay late fees for materials returned overdue.
- To notify the Library about any damaged or defective library materials.
- To recognize that the Library retains the right to suspend borrowing privileges.
- To notify the Library promptly of a change in name, address or telephone number, or if my Library card is lost or stolen.
- To recognize that the Library has the right to refer delinquent accounts or fees and charges to a collection agency.

Applications completed offsite must be signed in the presence of a Library staff member.

I certify that the above information is true and correct to the best of my knowledge.

 Signature of Applicant

 Date

No card can be issued without proof of current address.

Youth (Ages 14-16) or Child (Ages 13 and under)

Name _____
Last First Middle Initial

Birth date _____

(Optional) Other individual(s) authorized to access this account:
Name: Relationship:

Barcode # _____ FPL/LARL # _____

Youth (Ages 14-16) or Child (Ages 13 and under)

Name _____
Last First Middle Initial

Birth date _____

(Optional) Other individual(s) authorized to access this account:
Name: Relationship:

Barcode # _____ FPL/LARL # _____

Youth (Ages 14-16) or Child (Ages 13 and under)

Name _____
Last First Middle Initial

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(Optional) Other individual(s) authorized to access this account:
Name: Relationship:

Barcode # _____ FPL/LARL # _____

Youth (Ages 14-16) or Child (Ages 13 and under)

Name _____
Last First Middle Initial

Birth date _____

(Optional) Other individual(s) authorized to access this account:
Name: Relationship:

Barcode # _____ FPL/LARL # _____

Note: Parent or legal guardian must also complete and sign the Adult portion on the reverse side *and* sign below.

_____ Parent _____ Legal Guardian _____ Foster/Host Parent

By signing this application, parents, guardians, or foster parents accept responsibility for library materials borrowed.

Signature of Parent/Guardian

Date



(Revised 08/04/15)