



Library Card Application

Welcome to the Fowlerville District Library! After you complete this form, please take it to the Circulation Desk along with proof of your home address.

APPLICATION INFORMATION	Barcode Number: _____
Legal Name (Last Name, First Name) _____	
Address: _____	
City: _____	Zip Code: _____
Township: _____	Phone #: _____
Email Address: _____	

PARENT / LEGAL GUARDIAN INFORMATION	Age of Youth: _____
(Please complete only if applicant is less than 16 years old)	
Legal Name (Last Name, First Name) _____	
Address: _____	
City: _____	Zip Code: _____
Township: _____	Phone #: _____
Email Address: _____	

I certify the above information is correct. I accept responsibility for the materials borrowed on the library card issued from this application. Responsibility for the choice of materials borrowed rest with the person(s) whose signature(s) appear on the line(s) below and not with the Fowlerville District Library or its staff.

I further agree to follow the rules governing the use of the computer, Internet and all other AV materials I use while at the Library. I also agree to pay for the cost of replacement and/or damage while in my use. The Library reserves the right to discontinue privileges for failure to obey computer or general Library rules.

Applicant's Legal Signature: _____

Parent/Legal Guardian's Signature: _____

FOR LIBRARY USE ONLY			
DL#: _____	State ID #: _____		
PATRON TYPE: (circle one)	Resident	Non-Resident	Business Owner
Authorized by: _____	Date: _____		