

Applicant Information:

Date of Birth mm/dd/yyyy			
Name	<i>Last:</i>	<i>First:</i>	<i>Middle:</i>
Local Address <i>Number, street, PO Box, Apt.#</i>			
City, ST ZIP Code			
County <i>(If other than Sarasota)</i>			
Phone (Include area code)			
E-Mail Address			
Permanent Address <i>(If different from above)</i>			
Phone (Include area code)			

***Parent/Guardian Information:** *To be complete by a parent or legal guardian if the applicant is under the age of 18*

Name	<i>Last:</i>	<i>First:</i>	<i>Middle:</i>
Local Address <i>(if different from above)</i>			
Phone <i>(if different from above)</i>			

Please read this before signing!

I verify that the above information is correct. I am aware that by signing this application, I assume responsibility for all use of this card, including internet usage and internet use policies. I agree to pay fines for any items returned overdue and to pay replacement charges for any materials lost, damaged or stolen on this account. I agree to report immediately the loss of this card; otherwise the library will assume its use to be authorized by me. The fees for three, six or twelve month non-resident library cards are non-refundable. The Sarasota County Library System has an open access policy. Parents or guardians, not library staff, are responsible for library materials and Internet resources selected and used by children.

Signature(s)

Signature of Applicant	
Signature of Parent/Guardian	
Date	

Would you like to register to vote? Ask for a Voter Registration Application at the desk.

Internal use only

06/2017

Patron Barcode	Staff Initials
Replaces Barcode	Today's Date