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L card Application for Minors

This application is a contract. After presenting the necessary identification, an adult taking responsibility is required to complete and sign this form.

Applicant's Date of Birth

Phone Number

Last , First Middle

Current Street Address Apt. #

City State Zip Code

Township

E-mail Address

Responsible Party Information:

(please print) Name: _____
First Mi. Int. Last

Address: _____
Street City State Zip Code

Township: _____

I am applying for an Ann Arbor District Library Card for this minor. I agree to be responsible for all use of this card, will observe and comply with all Library rules and policies, and notify the Library promptly of change of address or loss of this Library card. I expressly agree to pay all fines and charges assessed on this card and all fees, costs, and expenses incurred by the Library in collection of such fines and charges.

In addition, I authorize the following individuals to request and receive information about materials checked out or requested and amounts owed on this library card.

_____

_____

_____

Signature of Responsible Party: _____ Date _____

21621 0

Staff Name Date

02/14