

MARGATE CITY PUBLIC LIBRARY

The Margate Library does not divulge/share personal information.

Please print legibly:

*Name: _____ *Date of Birth: _____

*Local Address: _____ *Apt/Unit #: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Alternate Phone: _____

Email (the Library does NOT share this info.): _____

(if applicable)
Permanent Address: _____ Apt/Unit #: _____
City: _____ State: _____ Zip: _____
Phone: _____

***ONE FORM** of identification is *required*:
Driver's license #, and/or **other acceptable ID**: _____

Please read and sign this statement:

I understand that:

1. I am responsible for returning library materials by the due date.
2. I am liable for any items not returned or items damaged while in my possession.
3. I will notify the library promptly of any change in address or phone number, or if my card is lost/stolen.
4. The library will not be held liable for any damages resulting from the use of library materials.
5. I agree to obey the rules and regulations of the Margate City Public Library.

*Signed: _____ Date: _____

JUVENILES (UNDER AGE 18)
I will allow my child to borrow materials from the Margate City Public Library and I will accept responsibility for all materials borrowed by my child.
Name of parent/guardian (print): _____
Signature: _____ Date: _____

PATRON TYPE: Resident Non-resident Internet (temporary)

ID CHECKED: _____ FEE PAID (if req'd): \$ _____

BARCODE NUMBER: _____ STAFF: _____

DOUBLECHECKED BY: _____ DATE: _____