



# LIBRARY CARD APPLICATION

Larsen-Sant Public Library  
Franklin County Library District

Barcode \_\_\_\_\_  
Borrower Type \_\_\_\_\_  
Date Issued \_\_\_\_\_

**Two forms of identification required:**

When presenting this application you will be required to show two forms of identification, one photo I.D. and a verification of your current Franklin County mailing address. (i.e., driver's license, utility bill in your name, lease agreement).

**PLEASE PRINT:**

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ None specified

Account Password Required \_\_\_\_\_ (4 – 16 character, letters, numbers, NO spaces, case sensitive)

Age if under 18 years old: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**Account Notice Preference**

	Days in advance	Text	Email	One Notification only
Advance Notice 1-7 days				
Item Due				
Hold Filled				
Item Check-in				
Item Check-out				
Phone Call for Holds				

**Would you like to receive our newsletter?**

**Yes / No**

Preferred Cell Number for Text Messages \_\_\_\_\_ Cell Provider \_\_\_\_\_

*In return for the privilege of using the Larsen-Sant Library, I (or my parent or guardian) agree: to present my card each time I check-out Library materials, obey all the rules and regulations; and to pay promptly all fees, fines, damages and losses properly charged against my library card. I also agree to give notice of any change of address and/or telephone numbers.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\*If applicant is under 18 years old, must be signed (in person, witnessed by staff) by legal parent or guardian.

Would you like to have Computer access: Yes \_\_\_\_\_ No \_\_\_\_\_ (Computer use limited to 1-hour sessions)

I have read and agree to the computer agreement. \_\_\_\_\_

**List name of Minors that can use the computers with internet.**

Name	Age	Computer Access Yes or No
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____