SIOUX CITY PUBLIC LIBRARY

Library Card Application

Please apply in person. Valid identification showing name and current address is required.

APPLICANT DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

BIRTHDAY
____ / ____ / ____

ADDRESS

APT / SUITE / P.O. BOX / OTHER

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

NOTIFICATION OPTIONS: Choose only one and provide corresponding information.

☐ 1. EMAIL me reminders for holds and due dates.

☐ 3. Send me reminders for holds and due dates via USPS MAIL

☐ 2. EMAIL and TEXT me reminders for holds and due dates.

☐ 4. Send me reminders for holds and due dates via USPS MAIL and TEXT

EMAIL ADDRESS (for options 1 & 2) ‹*required for EMAIL notifications*

PHONE NUMBER (for options 2 & 4) ‹*required for TEXT notifications*› CELL PHONE CARRIER (Verizon, AT&T, etc.) Carrier rates apply

NON-RESIDENTS WITH SIOUX CITY PROPERTY ONLY

ADDRESS OF PROPERTY OWNED

IF MINOR (UNDER 18 YEARS OLD) PLEASE COMPLETE THE FOLLOWING

SCHOOL

GRADE

PARENT/GUARDIAN FIRST NAME

PARENT/GUARDIAN LAST NAME

SIGNATURE

By signing this form, I agree that I am responsible for all use of this library card (or this minor child's library card). I will report the loss of the card immediately, and I am responsible for all charges that occur before my card (or my minor child's card) is reported LOST.

_____

APPLICANT SIGNATURE (OR PARENT/GUARDIAN SIGNATURE)

_____

DATE

STAFF USE

PATRON BARCODE

PATRON CODE

STATISTICAL CLASS

PHOTO ID CODE

PHOTO ID EXPIRATION DATE

PHOTO ID CODE

PHOTO ID EXPIRATION DATE

— parent/guardian ID —

ADDRESS VERIFICATION (if address on ID not current)

DATE ON VERIFICATION

CARD PURCHASED
☐ 1 mo. ☐ 3 mo. ☐ 1 yr.

staff initials _____ date _____

02/21