



L card Application

This application is a contract. After presenting the necessary identification, the applicant is required to complete and sign this form.

Date of Birth

Phone Number

Last Name

First Name

Middle

Street Address

Apt. #

City

State

Zip Code

Township

E-mail Address

Permanent address, if different from above.

Permanent Street Address

Apt. #

City

State

Zip Code

If you do not wish to provide your birth date, please provide your Driver's License Number:

Driver's License Number

I am applying for an Ann Arbor District Library card. I agree to be responsible for all use of my card, will observe and comply with all Library rules and policies, and notify the Library promptly of change of address or loss of my 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 _____ Date _____

For Library Use Only

2 1621 0

Staff Name: _____ Date: _____