Mary Gilkey Public Library Card Application

I apply for the right to use Mary Gilkey (Dayton) Public Library. I agree that I am responsible for all materials checked out on my card. I agree to obey the library rules and pay all fines and fees charged to me and give prompt notice of change of address.
I understand that the information I include on this form becomes public record, and access is governed by ORS Chapter 192. This library will not disclose names, addresses, telephone numbers or information about use of library materials except in response to a court order.

First Name	Middle	Last Name

Street address ***Apt # (if applicable)***

City ***State*** ***Zip Code***

PO Box (if applicable) ***City*** ***State*** ***Zip***

Phone Number	Date of Birth (month/day/year

****Optional-If listed, it will be used for notification of holds and over due materials***

*E-Mail Address:

*Applicant Signature*_____

*Guardian Signature (if under 18)*_____
By signing I accept full responsibility for items borrowed by my child

*Guardian Name (Please Print)*_____

♦ ♦♦♦♦ ♦♦♦♦ ♦♦♦♦ ♦♦♦ *LIBRARY USE ONLY* ♦ ♦♦♦♦ ♦♦♦♦ ♦♦♦♦ ♦♦♦♦ ♦♦♦♦ ♦♦♦

*ODL/ID #*_____ *.p*_____

*Address Verification*_____ *In City limits Y*_____ *N*_____

*New*_____ *Lost*_____ *Stolen*_____ *Name chg*_____ *Addr chg*_____

*Date*_____ *Initials*_____ *Barcode*_____

*Notes*_____