

# Lied Scottsbluff Public Library Borrower's Contract

Library cards are available free of charge. There is a \$1.00 fee for replacing lost cards. Proof of your current address (driver's license, checkbook, legal contract, etc.) is required to receive your library card at the time of application. All information provided on this form will be kept strictly confidential. PLEASE PRINT CLEARLY.

**\* Required Information**

(Last) (First) (M.I.)

\*Name:

Parent or Guardian:   
(If under 16 years)

PIN # (4 digits):  Birthdate:  Email:

Preferred Phone:  Work Phone:

\*Street Address:

\*P.O. Box   
(If any)

\*City:  \*State:  \*Zip:

**Please read the following before signing below:**

- > I agree to return all items borrowed on or before the due date or I will pay overdue charges as fixed by the Library.
- > I agree to pay the value set by the Library for any material not returned, damaged or lost when borrowed by me or anyone bearing my library card.
- > I agree to inform the Library of the loss of my Library card; until then I am responsible for any use made of that card.
- > I agree to promptly inform the Library of any change in my address.
- > I understand that I will not be able to check out any Library materials without my card.

**A parent or legal guardian, signing a borrower registration form for a minor, accepts responsibility for the minor's use of the Library and library materials.**

\*Signature of Applicant:

Signature of Parent/Guardian:   
(If under 16 years)

The following information is requested for statistical purposes only. Please check one per category.

<b>Gender:</b> <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)	<b>Ethnicity:</b> <input type="checkbox"/> Asian/Pacific Is. (AS) <input type="checkbox"/> Black (BL) <input type="checkbox"/> Hispanic (HS) <input type="checkbox"/> Native American (NA) <input type="checkbox"/> No Response (NO) <input type="checkbox"/> White (WT)	<b>Residence Location:</b> <input type="checkbox"/> Scottsbluff (City) (SR) <input type="checkbox"/> Scotts Bluff Co. (SB) <input type="checkbox"/> Banner Co. (BA) <input type="checkbox"/> Box Butte Co. (BB) <input type="checkbox"/> Dawes Co. (DA) <input type="checkbox"/> Kimball Co. (KI) <input type="checkbox"/> Morrill Co. (MO) <input type="checkbox"/> Sioux Co. (SX) <input type="checkbox"/> Other NE Co. (NE) <input type="checkbox"/> Wyoming (WY) <input type="checkbox"/> Other State (OS)
<b>Age Group:</b> <input type="checkbox"/> 11 and under (J) <input type="checkbox"/> 12 through 19 (Y) <input type="checkbox"/> 20 and over (A)	<b>Residency (City of Scottsbluff):</b> <input type="checkbox"/> Resident (R) <input type="checkbox"/> Non-Resident (NR)	

*For Office Use Only*

Received by:  Date:

Entered by:  Date:

Verified:  Yes  
 No

Borrower No.:

Btype:  A  
 J  
 IL  
 S