

SILETZ PUBLIC LIBRARY

255 SE Gaither St.  
PO Box 130  
Siletz, OR 97365  
541-444-2855  
Email: siletz@siletzlibrary.org

OFFICE USE ONLY  
Patron # \_\_\_\_\_  
Patron Type \_\_\_\_\_  
Date \_\_\_\_\_  
Staff Initials \_\_\_\_\_

APPLICATION FOR LIBRARY CARD: MINOR

I apply for the right to use the Library and promise to comply with its rules, to promptly pay fees or damages charged to me, and to give immediate notice of change in my address or phone number. I understand that I should not let other people use my card, as I am responsible for all materials checked out with it.

PLEASE PRINT

FULL NAME \_\_\_\_\_  
First Middle Initial Last

TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street or PO Box Number

City State Zip

STREET ADDRESS (if different) \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTH DATE (month/date/year) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

FOR PARENT/ GUARDIAN TO COMPLETE:

PARENT/ GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street or PO Box Number

City State Zip

TELEPHONE \_\_\_\_\_

I agree to be responsible for my child's compliance with Library rules and fees mentioned above. I am aware that the Library does not restrict access to any library materials on the basis of age. This includes access to the internet. Knowing this, I give my permission for this legal minor to hold a library card. I accept responsibility for their use and selection of library materials, including internet use.

The person whose signature appears below is responsible for the materials checked out to this account.

\_\_\_\_\_  
Parent/ Guardian Signature

PICTURE ID AND PROOF OF ADDRESS (IE. A PIECE OF MAIL) OF PARENT OR GUARDIAN ARE REQUIRED