

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: ADULT

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) _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____

ADDRESS _____

TELEPHONE _____

ADDITIONAL CONTACT

Please give the name and address of a relative or friend **not living with you** who will know how to contact you.

NAME _____

ADDRESS _____
Street or PO Box Number

_____ City State Zip

TELEPHONE _____

RELATIONSHIP TO YOU _____

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