



Pickaway County District Public Library

1160 N. Court Street, Circleville, OH 43113; 740-477-1644

51 Long Street, Ashville, OH 43103; 740-983-8856

www.pickawaylib.org

Library Card Application

The library requires proof of identification and this application needs to be signed in front of library staff.

APPLICANT INFORMATION

Today's Date: _____ Juvenile 0-12 Young Adult 13-15 Young Adult 16-17 Adult 18-59 Senior 60+

PLEASE PRINT ALL INFORMATION

(CIRCLE ONE)

Name: _____ 4-Digit PIN # _____

Last, First, Middle Initial

(for online catalog access)

Phone #: _____ Home Work Cell Other

Area Code - Number

(CIRCLE ONE)

Alternate Phone #: _____ Home Work Cell Other

Area Code - Number

(CIRCLE ONE)

Address: _____

Street,

Apartment # or Lot #

PO Box

City, State, Zip: _____

County: _____ Township: _____ Gender: Male or Female (Circle one)

Birth Date: _____ Driver's License #: _____ School District: _____

(OPTIONAL)

(OPTIONAL)

E-Mail Address: _____

Please send OVERDUE and HOLD notices by: E-MAIL PHONE (Please circle one)

I would like to receive e-mails about library-related programs: YES NO (Please circle one)

GUARDIAN INFORMATION

Parent or Guardian Name: _____

Alternate Address: _____

Street,

Apartment # or Lot #

PO Box

City, State, Zip: _____

SIGNATURES (Please sign in front of library staff.)

I certify that the above information is correct. I agree to be responsible for all library materials checked out.

Youth Signature (under age 18): _____

Parent or Guardian Must Also Sign

Adult Signature: _____

I agree that my 16 or 17-year-old child may check out any movie the library offers.

Adult Signature: _____

FOR OFFICE USE ONLY:

Outreach Patron: YES NO

Name of Stop: _____

Full Access=FA

Minor Restricted 1=MR1

Minor Restricted 2=MR2

E-Resources=MR3

Bar code: _____

Location: _____

Staff Initials: _____

Staff=S

Revised 7/2010