



Borrower Agreement

1) Name: _____
(Last) (First) (Middle)

2) Home phone # (_____) _____ 3) Work/Cell phone # (_____) _____

4) Birthdate _____ Drivers License # _____
OPTIONAL

6) Street address: _____ P.O. Box: _____

7) City: _____ Zip: _____

I agree to abide by the Crystal Lake Public Library's current policies & regulations, to be responsible for materials borrowed with this card & for fines & fees incurred, including charges for lost & damaged materials. A CLPL Library card is considered valid if correct, current street and/or e-mail address is on file at the Library and if fines/fees do not exceed limits imposed by Library policy. A CLPL library card is the property of the Crystal Lake Public Library & must be returned upon request.

The Crystal Lake Public Library is a member of both the North Suburban Library System and the Cooperative Computer System. In presenting a CLPL card for use of materials or services at member libraries, the undersigned cardholder agrees to comply with all rules & regulations & to pay promptly all charges levied by the member library.

Signature of Applicant: _____

PATRONS UNDER 18 YEARS OF AGE: Illinois law requires the signature of a parent or guardian when application for a library card is made by anyone 17 years of age or under.

Name of parent/Guardian: _____
(FULL NAME – PLEASE PRINT)

I accept responsibility for the selection of materials made by this person. I further agree that I will personally be responsible for all financial charges imposed against said minor.

Signature of Parent/Guardian: _____

LIBRARY USE ONLY

Library card # _____ Form of current ID _____

New _____ Renew _____ If Reciprocal Borrower, name of home Library _____

AP	Art Program	HB	Homebound	RA	Resident Adult
BD	Library Board Member	IL	Inter Library Loan	RB	Reciprocal Borrower
BS	Business	IN	In-House	RY	Resident Youth
CY	C.L. City Employee	NA	Non-Resident Adult	SP	School Program
	C.L. Park Dist. non-resident	NT	Non-Resident Taxpayer	ST	Staff
	C.L. Volunteer non-resident	NY	Non-Resident Youth	TR	Temporary Resident
				VO	C.L. Library Volunteers

Card expiration date: _____ Staff initials: _____

Notes: