

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 _____