

Scappoose Public Library District Adult Borrower Card Application

Date _____

Last Name _____ First _____ M.I. _____
(Please Print) (Please Print)

Home Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Birth _____
(Month/Day/ Year)

Telephone _____ E-mail Address: _____

*I accept full responsibility for the use of this card and payment of fines and fees charged to it.
I will give immediate notice to the library of loss of card or change of address.*

Signature _____

STAFF USE ONLY IDENTIFICATION & VERIFICATION

LIBRARY CARD NUMBER _____

Photo ID _____
(Driver's License or State ID Card, student body card, etc)

Address Verification (if not on photo ID) _____
(Utility Bill, Rent Receipt, etc)

Database Checked for Previous Card ___ Yes ___ No

Issued By _____ Date _____