

# 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 \_\_\_\_\_

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## 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 \_\_\_\_\_