



Library Card Application

Basic Information:

Last Name _____ First _____ Middle _____

Choose any FOUR digit number: PIN _____

Birthdate (xx/xx/xxxx) ____/____/____ I am 18 or older 17 or younger * See below

Contact Information:

Main Phone: (_____) _____ Notification Preference: ☐ Email ☐ Text ☐ Phone

Mailing Address: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____ County: _____

Email: _____

Secondary (If different from mailing address):

Street: _____ Apt. _____ P.O. Box _____

City/State: _____ Zip: _____

Phone (If different from main phone): (_____) _____

I would like to receive text messages on my mobile phone for:

____ Overdue Notices – reminder of an item's due date and notice if an item is overdue

____ Hold/Pickup Notices – notice that an item you requested is available for pick up

____ Bill Notices – notice that your account has accrued a fine

____ Manual Messages – an alert that there is a problem with your account

____ User Announcements – a message alerting you to important library news or events

Library messages are provided as a courtesy service only. Patron is responsible for the timely return of item(s) that are borrowed using your card or any card for which you are responsible. You can access your account at our website or by calling a Delaware Library System branch.

Mobile Phone (for text messages): (_____) _____

Signature (If 18 or older) : _____ Date: _____

*Parent/Guardian Information:

Name of Parent or Legal Guardian: _____

I have read the Library's Internet Policy and wish to give my child the following access to the Internet or other online services:

Internet Access Full Limited (Library supplied databases and software only)

I understand that the Library does not accept responsibility for my child's choice of Library materials and that I am responsible for the materials borrowed by my child and any fines or fees accrued on them until the youth turns 18. At that time, any outstanding charges on the youth card will be transferred to my adult library card account.

Parent/Guardian Signature: _____ Date: _____

For staff use only:

Date: _____ Barcode: _____

City of Dover Harrington Smyrna Milford School District

Profile Name if not Resident: NONRES NRPO Temp Other

Staff Name: _____