TLN LIBRARY NETWORK - CROMAINE DISTRICT LIBRARY APPLICATION FOR BORROWER CARD – ADULT

(Please print. Information will be confidential.)

□ RENEWAL-ALL CONTACT INFO CORRECT

*Applicant's Legal Name				/ M	[/F/
	First	Middle	Last	(Circle one
*Address Number	Street			Apt#	
* City		ZIP code		* Phone preferred for contact	
Birthdate: Month Day _	Year	Township rece	eiving your	□Brighton □Deerfield	l □Genoa
		-	xes (check one):	☐ Hartland □Oceola	□Tyrone
E-Mail Address		NOTIFY	VIA: □Phone	□Email (Explain text option	on)
Complete this section	on only if no	nresident wor	king within Ha	artland School District b	oundaries.
Business name					
Dusiness name					
Business address					~
	Nur	mber Stree	et		Suite #
City		ZIP Code		Phone	
□ Business address ve	rified on ma	p .			
Applicant's legal signature		Printed na	me		_
Release of Records to Oth	ner Adults/H	ousehold mem	ibers		
Under Michigan Public Ac				ed upon the consent of the	e person who is liabl
for payment for or return o			-		
I hereby authorize the follomy library records.	wing person(s	s) to pick up m	aterials reserve	d in my name and receive	messages regarding
D -1 4					
Release to:					
Signature				Date	
Witness (Library employee	signature) _				
Card Expiration (*User Profile:	late: Month _	DayYe	ear Form of Verifi	cation:	
□ Resident	□ Busines	s (hole)	□ Driver's Licens	e	
□ Staff	□ Student	(hole)	□ Tax Receipt	☐ Pay stub/Business letter	
□ Non-resident Paid	l (hole)□ Tempo	orary (hole)	☐ Student ID/lett	er for School of Choice/Repo	rt card
TLN NON-SAS (g Howell Han	hurg) [□ Other	Card issued by	J

MINOR (UNDER AGE 18) OR LEGALLY INCOMPETENT

□ RENEWAL-ALL CONTACT INFO CORRECT

*Applicant's Legal Name			/ M / F /
First	Middle	Last	Circle one
*Address			
Number Stre	eet		Apt#
* City	ZIP code		* Phone preferred for contact
Birthdate: Month Day Year _	Township receivi	ng your	□Brighton □Deerfield □Genoa
	Property taxes (c	heck one):	□ Hartland □Oceola □Tyrone
E-Mail Address	NOTIFY V	IA: □Phone	□Email (Explain text option)
Complete this section only if non	resident attending s	school withi	n Hartland School District boundaries.
School name			
472.7			(26/27)
*P-Name of parent/legal guardian First	Middle Last		/ M / F /
*P-Address (if different than applican			Chele One
- comments (in manufacture manufacture)			
Number Street			Apt#
City	ZIP Code Preferred phone or email for contact		
☐ Home address verified on map.	Zii Code	Trefeffed	phone of cinal for contact
otherwise legally incompetent, the lib consent of the parent or legal guardia Statement of Financial Responsibil I certify that the information on this f library card issued from this application	orary records under a n who signs this Applity form is correct. I according before the applications of materials borrests.	card issued plication for ept responsible ant turns 18	ry record. Where the applicant is under 18 or to that applicant can be released upon written Borrower Card. bility for those materials borrowed on the years of age or otherwise becomes legally with the person(s) whose signature(s) appear or
Parent/Guardian's legal signature		Printed nan	ne
	rary Privacy Act, M. record to a person wind in that library record an (circle one) of the rower Card in the national borrowed on the card	thout the writer as noted in above-name me of the middless above to the middless above to the middless above to the writer as a second to the writer	ed applicant minor; and inor named above that I will accept full nat minor;
Signature			Date

Witness (Library employee signature)