

Seguin Public Library Card Application

Applicant's Name:

Date of Birth:

IF Applicant is a Minor - Name of Parent/Guardian:

Mailing Address:

City: State: Zip Code:

Physical/Permanent Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Email (optional):

Do you reside within the Seguin city limits?

Do you reside in Guadalupe County?

How would you like to be contacted? Note: For text messaging notification, standard text messaging rates apply.

Overdue notice:

Reserve pickup:

Due date warning:

Email Checkout Receipt:

By signing below, I agree that:

- I am responsible for reporting any change of personal information.
- I am responsible for all materials charged to my card.
- I am responsible for any fines or fees incurred on my card.
- I am responsible for reporting the loss or theft of my library card.

Applicant Signature

Parent/Guardian Signature

Date

If also applying for Children fill below:

Name:	Date of Birth:	Card Number:	Please initial
		4050900 _____	
		4050900 _____	
		4050900 _____	
		4050900 _____	

**If needed use the back to write additional names.

FOR STAFF USE ONLY:

Identification # _____ Type of ID _____ Source Of Address Verification _____

Library Card Number 4050900 _____

Card Type	Residency Status	NONRESIDENT CARDS: Have you collected the \$25.00 fee?	
_____ Adult	_____ Resident	_____ Yes	
_____ Juvenile	_____ Nonresident	_____ No	Receipt # _____ Staff Initials & Date _____