SEVILLE TOWNSHIP LIBRARY

Patron Application

(Please Print Clearly)

Please provide a valid proof of address such as: driver's license or mail with name and address. Address must match the one provided on this form.

Birthdate:	
Last Name:	
First Name:	
PRIMARY ADDRESS	
Address:	
City:	Zip:
County:	Township:
Phone Number:	
Driver's License Number or N	lichigan ID Number:
Please inform me regarding Libr	ary programs and events!
Please keep a history of my chec	kouts.
Please send notifcations by: Ema	il Paper
Email Address:	
fines charged against me for	es and regulations of the Seville Township Library. I will promptly pay all the damage, loss, and overdue fees for all circulation materials. I will give nge of address. If I am not a resident Gratiot County, I agree to pay a
Signature:	
Date:	
If the above person is under	18 years of age, the back portion of this form must be completed by a

legal guardian.

SEVILLE TOWNSHIP LIBRARY

Responsible Party Information

Parent/Legal Guardian Information-needed if patron is under 18 years of age.

Library Card #:		
Responsible Patron must have	e a valid current identification	
Birthdate:		
Last Name:		
First Name:		
Address:		
City:	Zip:	
County:	Township:	
Phone Number:	-	
library card issued to the po	erson listed on the application, includ e of materials borrowed rests with the	nsibility for materials borrowed on the ing all accumulated fines and fees. e person(s) whose signature appears on
Signature of Responsible P	Party:	
Date:		