



The Indianapolis Public Library Application for Library Card

*I.D. with current address & or proof of current residency must be shown when applying for Library Card.
Applicant must be present*

PLEASE PRINT

NAME (Last) _____ (First) _____ (Middle) _____

SUFFIX _____ LEGAL NAME (if different from above) _____ Birthdate _____

Email _____ Alt Email _____

Zip Code _____ Street Address 1 _____

Street Address 2 _____ City _____ State _____

Mailing Address (if different from above) _____

Phone 1 _____ Text Y or N _____ Phone 2 _____ Text Y or N _____

To avoid postage costs and delivery delays all general notices will be sent to the email you enter below or texted to the phone number provided above. If you do not have an email address, billing notices will be mailed to the mailing address listed above. The Library cannot guarantee prompt delivery of billing notices mailed through the post office.

BORROWER RESPONSIBILITIES:

*The person signing below shall be responsible for the timely return of all library materials, the payment for lost or damaged materials charged on the card, notifying the library of any change of name or address, and reporting if the card is lost or stolen. The undersigned agrees that the Library shall be entitled to payment from the undersigned for the costs of collection, including reasonable attorneys' fees, incurred in collection of any lost or damaged materials charged on their card. The card is not transferable.

Borrower's Signature _____

Parent/Guardian Please Print _____

Parent/Guardian Signature _____

(Required for all students under 18. The signer assumes responsibility for the child's selections and financial responsibility.)

PERMISSION FOR ACCESS TO FULL Blu-rays AND DVD COLLECTIONS;

The selection of Blu-rays or DVDs by children under 18 is restricted to the juvenile collection only. If you would like to remove this restriction and allow your child full access to all Blu-rays and DVDs,

PLEASE SIGN HERE:

Parent/Guardian _____

(Required for all dependents under age 18. The signer assumes responsibility for the child's selection)

STAFF USE ONLY:

Location _____ Date _____ Staff initials _____ New _____ Renewal _____ PLAC _____

Receipt Number _____ Barcode _____

Last 4 digits of home card _____ Home Library _____