

City of Calabasas

ADULT Library Card Application

(PO BOX ACCEPTED FOR RESTRICTED ACCOUNTS ONLY)

Date: _____

Last Name	First Name	Middle Name
Home Address		
City	State	Zip Code
Phone # _____ Would you like to receive text message notifications? YES <input type="checkbox"/> NO <input type="checkbox"/>	Driver's License # _____ Date of Birth _____ Gender Identity _____	
Cell Service Provider (if answered YES to above): _____	Check here to acknowledge and accept the Calabasas Library policies <input type="checkbox"/>	
Email: _____	Check here if you are a resident of Mountain View Estates <input type="checkbox"/>	

I agree to be responsible for all materials charged on my library card; to report a lost library card; to observe library rules and policies; to pay all charges; and to notify the library of an address or name change. Library staff cannot give any information about a patron's registration and circulation record to anyone other than the patron, regardless of age or relationship to patron.

Signature of Applicant

For Staff Use Only: Barcode # _____ Quick Reg _____ Full Reg _____