

**LIBRARY CARD APPLICATION • SOUTH CENTRAL LIBRARY SYSTEM - LINKcat Libraries**  
**IDENTIFICATION REQUIRED:**

- **Photo I.D.** (i.e., Driver's license, state I.D. card)
- **Proof of Current Address** (i.e., Driver's license, state I.D., recent mail, checkbook)

**PATRON INFORMATION (please print):**

**Name:** \_\_\_\_\_  
Last First Middle

**Name on Photo ID:** (complete if different than name above) \_\_\_\_\_

**Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age Group:**  0-15  16+ **Do you live in the Monroe School District?** YES NO  
Month Day Year

**Mailing Address:** \_\_\_\_\_  
Street, RR/Fire Number or P.O. Box City or Village State Zip

**County of Residence:** \_\_\_\_\_ **Township (if applicable):** \_\_\_\_\_

**Residential Address:** (Complete if different from mailing address)

\_\_\_\_\_  
Street, RR/Fire Number or P.O. Box City or Village State Zip

**Email** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_

**MESSAGING PREFERENCES**

**HOLD NOTICES** (Choose one)

- Email (same day notification)
- Text (next day notification, via cell phone only)
- Phone call (next day notification)
- No hold notices

**PRE-OVERDUE NOTICES (2 DAYS PRIOR)**

- Email

**OVERDUE NOTICES** are a default for all patrons and will be delivered via email or printed and mailed.

**LIBRARY UPDATES BY EMAIL**

- Adult Events and News
- Children's Events and News
- Adult Reading Suggestions

**ACCEPTANCE OF RESPONSIBILITY (Read carefully!)**

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for lost, damaged and stolen library materials and may be overdue charges.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

**PATRON SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR JUVENILES (AGE 0-15), PLEASE COMPLETE:**

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**Please print Parent or Legal Guardian Name:** \_\_\_\_\_

**FOR LIBRARY STAFF USE ONLY:**

Card number: \_\_\_\_\_ Staff initials: \_\_\_\_\_

- Explorer
- Out-of-state
- Name change \_\_\_\_\_

**Send application to library of residence:** \_\_\_\_\_

