

## SANTA MONICA PUBLIC

## LIBRARY CARD APPLICATION

We will be happy to issue you a Library Card upon completion of this application and presentation of your driver's license or other unexpired form of photo identification verifying your name and CURRENT CALIFORNIA RESIDENCE.

PLEASE PRINT			
Last Name	First Name	Middle Name	
Residence Address			
City	State	Zip Code	
Mailing Address (if different from residence)			
City	State	Zip Code	
Home Phone #	Mobile Phone #	Work Phone #	
Driver's License/ID #	Date of Birth	Email Address (for date due remine	ders and hold notifications)
School		Grade	
I agree to be responsible for all materials checked out on my card, with or without my consent; to report a lost card			
immediately; to observe Library Rules; to promptly pay all charges and to notify the Library of any changes to my address or			
phone number.			
Signature of Applicant			
Parent/Guardian (must sign for children in elementary school)			
I understand that my child will have unrestricted access to all Library resources, both print and electronic. I agree to be			
responsible for any item my child borrows. By law, the Library protects the confidentiality of all borrower records (California Government Code, section 6267).			
Signature of Parent/Guardian			
Parent/Guardian Name (please print)			
STAFF USE ONLY			
Barcode:	Adult	Juvenile	Temporary
Type of User:	Residence:		. ,
Extended Info:	•		
Date:	Registered By:	Input By:	