

Calabasas Library Card Application

Date: _____

Please Print Clearly

Last Name			First Name			Middle		
Home Address								
City			State			Zip		
Telephone			Birth Date			Driver's License No.		
Male _____	I live in: (Check one)	Calabasas	Hidden Hills	Mountain View	Mont Calabasas	Other (Specify)		
Female _____								

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.

Signature of the Applicant

FOR PARENT OR LEGAL GUARDIAN OF MINOR APPLICANT

I give my child permission to have a library card and assume complete financial responsibility for all library materials borrowed by my child. I understand that my child will have unrestricted access to all resources of the library. Any restrictions to my child's borrowing privileges and any restrictions on access to electronic resources rests on me.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

- My child may check out videos
- My child may NOT check out videos

Signature of Parent or Legal Guardian

For Staff Use Only:
Barcode # _____

Quick Reg _____ *Full Reg* _____
Mail _____ *Hold* _____