



RITTER PUBLIC LIBRARY

ADULT CARD APPLICATION

APPLICANT MUST PRESENT IDENTIFICATION WITH CURRENT ADDRESS

Last First Middle Initial

Street Address Apt.

City State Zip Code School District County

Email Address

- - / /
Contact Number Month/Date/Year of Birth Photo ID Number

✓ box if 60 or older ✓ box if Veteran

____ Address change _____ Name change _____ Contact number change

Would you like to receive updates about Ritter Public Library by email? Yes No

I agree to observe all rules established by the Library, and will be responsible for all materials borrowed on my card. I agree to pay any fines or other charges imposed for late return or mutilation of library materials. I will notify the library immediately in case of loss or theft of this card. I understand that only personal information that is required to obtain a card is being collected and that such information is necessary is accessible by all CLEVNET member libraries.

Your Signature _____

**CUSTOMER MUST PRESENT LIBRARY CARD FOR ALL TRANSACTIONS
REPLACEMENT CARDS ARE \$1.00.**

LIBRARY USE ONLY

LIBRARY CARD ID # 28085000 _____

Staff Initials _____

Date _____