



PLACENTIA LIBRARY DISTRICT

Please print clearly

Date: _____

Name: _____

Last

First

Middle

Address: _____

Number

Street

Apt. #

City: _____ CA, Zip Code: _____ Phone #: () _____

E-Mail Address: _____ Business/Cell: () _____

Driver's License #: _____ Birthdate: _____

I assume financial responsibility for all library materials checked out with this card. Account balances over a certain amount may be referred to a Collection Agency with a Service Fee added to the account. I will report a lost card immediately and notify the library when I move.

Signature: _____

STAFF USE ONLY

A J YA Residence Code

Bar-Code

Staff Initial