CHESTER COUNTY LIBRARY SYSTEM LIBRARY- OUT OF COUNTY RESIDENT
MINOR'S CARD APPLICATION

Out-of-County Residents

If you do not live in Chester County, but work, own property, attend school in Chester County or have a PA Access Program library card, please provide the following information. Otherwise an out-of-County fee of up to $20 may apply.

Employer/School/Property Address_____

City_____State_____Zip_____

ACCESS PA Card ☐ Library System_____ (enter barcode below)

Cardholder Information

Last Name_____ First Name _____MI_____

Address_____ Apt _____

City_____State_____Zip_____

Phone_____ Municipality _____

Date of Birth ____/____/____   Gender (circle one)   Male   Female

E-mail _____

Home Phone_____ Mobile / Text _____

Paperless library notices (Holds availability, Courtesy reminders, Overdues, etc) preference:

☐ E-mail   ☐ Phone   ☐ Text (standard text messaging rates apply)

Parent/Guardian Information required for applicants under 18 years of age
Valid ID Required (name & address)

Last Name_____ First Name_____MI_____

Address_____ Apt _____

City_____State_____Zip_____

Phone_____ Email _____

Date of Birth ____/____/____   Gender (circle one)   Male   Female

Relationship to applicant_____

☐ I accept full responsibility for the proper care and safe return of materials borrowed, and for payment of all charges incurred on this account, and I agree to the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy.

☐ I understand that the minor applicant remains the primary account cardholder and retains Use of Library Materials and Confidentiality rights as described in the CCLS Borrowing Policy and the PA Public Library Code.

☐ I understand that libraries and their employees do not act on behalf of parents/legal guardians or monitor, control or restrict what a minor child selects for reading, listening, viewing and checking out when a parent/legal guardian is not present and I agree to the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy, for this account. Specifically, I agree to be financially responsible for this minor cardholder's use of his/her card and to pay any charges incurred thereon.

Signature_____ Date____/____/____

ID: ☐ Driver's License   ☐ Mail/Bill   ☐ Other_____

☐ Parent/Guardian not present- exception granted by Director or designee

Library _____ Director or designee_____

Staff Use Only

Library Card Barcode Number_____.p#_____

Staff Initials_____ Library _____