

Peters Township Public Library
PATRON REGISTRATION FORM
(The Library does not release the information on this form)

Please Print Neatly

Name: Last, First, Middle Init.

Birth Year

For Staff Use Only
Card Number

Pin #

*Profile
Code*

1. _____

2. _____

3. _____

4. _____

5. _____

Address:

Street: _____

City: _____ Zip: _____

Township/Borough
If other than Peters Township Resident

Home phone () _____

1. Work Phone: () _____

e-mail address: _____

2. Work Phone: () _____

1. Driver's License or SS #: _____

4. Driver's License or SS #: _____

2. Driver's License or SS #: _____

5. Driver's License or SS #: _____

3. Driver's License or SS #: _____

Staff Use Only

Profile Codes:

1 PETERS A Adult Resident

2 PETERS J Juvenile Resident

3 WASH A Washington Co. Adult

4 WASH J Washington Co. Juvenile

5 OTHER A Outside Wash. Co. Adult

6 OTHER J Outside Wash. Co. Juvenile

Date
Issued: _____

Initials: _____

Peters Township Public Library
PATRON AGREEMENT
Please Read and Sign Below

My signature below indicates that I:

1. Accept responsibility for all items checked out on my card. If an item is lost or destroyed while checked out on my card I will pay the replacement cost which includes a processing fee. If material is damaged while in my possession I will pay the repair costs. Costs and fees are determined by library personnel.
2. Accept responsibility for all items checked out on any dependent child's card as per #1 above.
3. Agree to pay daily fine rates as set for overdue items, including \$1.00 per day per video cassette.
4. Agree to abide by all library policies.
5. Agree to abide by library Internet policies.

I have read and understand the patron registration agreement and agree to abide by the library's policies.

- | | |
|---------------------|-------------|
| 1. Signature: _____ | Date: _____ |
| 2. Signature: _____ | Date: _____ |
| 3. Signature: _____ | Date: _____ |
| 4. Signature: _____ | Date: _____ |
| 5. Signature: _____ | Date: _____ |

My child(ren) is(are) permitted to check out five (5) juvenile videos on his/her card. I understand that the overdue fee for each video is \$1.00 per day. I agree to pay any late fees associated with these and all items charged to this card.

Signature: _____	Date: _____
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