

SWLS Library Card Application

First Name _____ (MI) _____ Last Name _____

Preferred First Name (if different than above) _____

Street Address _____

PO Box/Add. 2 _____

City/State _____ Zip Code _____

Check One: Township Village City

Of _____

Email Address _____ **P**

Primary Phone Number _____ **P**

Cell Phone _____ Carrier _____ **P**

Alternate Address _____

Date of Birth _____

Parent/Guardian (if under 16) _____

Alternate Guardian _____

Drivers License/Proof of Residency (guardian must provide for applicants under age 16 : **VERIFIED**

Signature of the applicant or juvenile applicant's Parent/Legal Guardian verifies their acceptance of library policies, including the Internet Use Policy, of financial responsibility for all use made of the library card issued to this applicant, and that the information herein is correct.

Signature of applicant/ Legal Guardian



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