

West Florida Public Libraries Library Card Application



Please print clearly:

Last Name: _____ First Name: _____ Middle Initial: _____

_____/_____/_____
Date of Birth ID/driver's license #

Street Address: _____ Apt./ Lot# _____

City, State, Zip: _____

Secondary Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Cell Provider: _____

How would you prefer us to contact you? Phone Email Text

Parent/Guardian Information (if under 18 years of age)

Last Name: _____ First Name: _____ Middle Initial: _____

Phone: _____ Email: _____

Parent/Guardian Library Card # _____

Borrower's Agreement

I agree to:

- Adhere to all library policies and procedures.
- Update my account whenever my address or other contact information changes.
- Notify the library immediately if my card is lost or stolen to prevent potential misuse.
- Return materials by the scheduled due date and pay all fines and fees promptly.
- Have my library card with me whenever I conduct any library transaction.

Please sign library card after reading.

By Florida Statute, all patron information is confidential and may not be seen or used by anyone other than library staff.

Staff Use Only

Initials/Branch _____

Card #
123650 _____

Non-Res (\$50 Priv. Fee)
ID Checked?

Age Group:
J (0-12) Y (13-17)
A (18+)

Residency:
PNS ESC
District 1 2 3 4 5