

Library Card Application HOMEBOUND RESIDENT

Last name		First name		Middle name	Date of birth
Home phone		Work phone		Cell phone	
Mailing address		City	State	Zip	
Street address (if mailing address is a box number)		City	State	Zip	
Facility name			Room/Apartment number		
Password					
Please send notices regarding request items, overdue items, bills, etc. to: Choose one: <input type="checkbox"/> the mailing address listed above <input type="checkbox"/> my email address: _____ <i>By providing your email address you agree to receive notices regarding your account and other District information.</i>					
Check all that apply: <input type="checkbox"/> I am unable to leave home without assistance or significant effort for 3 months or longer. <input type="checkbox"/> I have blindness and/or cannot use or read conventionally printed material with standard prescription lenses.					

The name, address and all other information provided on this application are true and correct.

I agree:

- to follow all the rules and regulations regarding use of my library card.
- to pay all fines, costs, or fees assessed by the Library District for lost and damaged materials.
- that I am responsible for all material checked out with my library card, with or without my consent, and for all other use of the card.
- to return material by mail or have someone return them to the library for me.
- and affirm that I do not reside in the City of Spokane, the City of Liberty Lake, or outside of Spokane County.

I understand that:

- my library card allows me to borrow materials, access website services, and use library internet computers, software stations, and other library-card-based services that may be made available.
- I may be asked to provide a doctor's statement to verify any qualifications to meet eligibility of this service.
- if I qualify for free mailing through the Free Matter for the Blind program from the US Postal Service, the library will provide a return label with any books mailed out to me.
- if I do not qualify for free mailing through the Free Matter for the Blind program from the US Postal Service, I will need to affix postage to returned materials or have someone return them to the library for me.
- Failure to follow rules and regulations regarding use of my library card may result in suspension of library privileges.
- if fines, costs, or fees are not paid in a timely manner, my account may be referred to a collection agency and I will be responsible for all additional costs, including recovery fees permitted by state law and reasonable attorney's fees.

Applicant signature

Date

Guardian

- If the applicant has a guardian, please read and sign below.
- As the guardian, I have read the information on this application, and I agree to be responsible for all use of my dependent's library card, choice of library materials, and internet use.

Parent/guardian name (please print)

Parent/guardian signature

STAFF USE ONLY

Barcode # __ 0922 __ _ _ _ _ _ _ _ _ _ _	Date entered	Proof of ID	Initials	Location
Write data entered in extended fields:		<input type="checkbox"/> InDistrict <input type="checkbox"/> Spokane Paid		
<input type="checkbox"/> Public <input type="checkbox"/> Unverified <input type="checkbox"/> Other _____	<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Teen	<input type="checkbox"/> Out of County <input type="checkbox"/> LL Resident <input type="checkbox"/> Spokane Resident <input type="checkbox"/> LL Paid		