



ROCKY RIVER PUBLIC LIBRARY

1600 Hampton Road, Rocky River, OH 44116 • (440) 333-7610

All information is confidential. Please print.

Name:

(Last) (First) (Middle Initial)

Alternate ID (optional): _____ PIN # (optional): _____

Driver's License #: _____

Address (no P.O. Box allowed):

(Number & Street) (Apt. #) (City/State) (Zip)

e-Mail Address: _____ Date of Birth: _____
(Month) (Day) (Year)

Cell Phone (Required for *Text notification):

Home Phone:

(Area Code) (Number)

(Area Code) (Number)

Holds/overdue notification preference (check one):

e-Mail Phone Text

(Phone and Text notification only notifies you when your requested hold is ready for pick-up; E-mail notification notifies you for all of the following: hold is ready for pick-up; items are overdue; bills for lost items; items coming due; hold could not be filled and library card has expired).

Valid identification with current address and one additional form of validation with name and address listed is required to receive a borrower's card. The responsible party certifies that the above information is correct and accepts financial responsibility for materials borrowed on any library card issued from this application. Responsibility for the choice of materials borrowed rests with the person whose signature appears on this application and not with Rocky River Public Library.

Applicant Signature: _____

Minor

If applicant is under 18 years of age, parent/legal guardian must complete this portion. Minor must be accompanied by a parent/guardian when applying, to provide signature and proof of address.

Parent/Legal Guardian Name:

(Last) (First) (Middle Initial)

Residence (if different from applicant):

(Number & Street) (Apt. #) (City/State) (Zip)

Parent/Legal Guardian Signature: _____

As parent/legal guardian, I grant the applicant full access to:

- 1) The Library movie collection
 YES NO
- 2) The Library video game collection
 YES NO