



Keller Public Library

APPLICATION FOR A LIBRARY CARD

Last Name		First Name		Middle Name	
Physical Address			APT/Unit		Date of Birth ____/____/____ MM DD YYYY
City		State		Zip Code	Phone
Mailing Address (If Different From Above)				Email (Optional)	
Reference Name				Reference Number	
Hold Notifications					
☐ Text					
☐ Phone					
			Number		Carrier

I agree to abide by the library's rules of conduct and follow all library policies and procedures, both as they are now, and as they may be in the future, if changes are made. I understand that my card is for my use only, and is not to be used by others. I accept responsibility for all items checked out on my card, and agree to pay any fees and fines, and for any lost or damaged items. I agree to inform the library of any changes to the above information.

Signature	Date ____/____/____ MM DD YYYY
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For Parent/Legal Guardian of Patrons Under 18

As the parent/legal guardian of my child, I grant access to the full collections of the Keller Public Library, the Missouri Evergreen Consortium, and any electronic books and resources that may be accessed using the patron's Keller Public Library card. Library staff do not supervise minors. Library staff do not know what you consider appropriate for your child and cannot be responsible for their selections. If you do not agree to full access to the collections, your child will not be issued a card. Parents/guardians may then check out items for children on their own cards. This statement is required by 15 CSR 30-200.015 Missouri State Regulations

Signature	Date ____/____/____ MM DD YYYY
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