Cuyahoga Falls Library
Library Card Application

Please provide one form of identification showing your **present home address**. Examples include a driver's license, checkbook, employment identification, school identification, an envelope or postcard with a recent postmark, or a utility bill. The signature of a parent or guardian is required for applicants under the age of 18.

PLEASE PRINT

_____ _____ _____
Last Name First Name Middle Initial

Date of Birth: _____/_____/_____

_____ _____
Street Address Apartment #

_____ _OH_ _____
City State Zip Code

Phone Number: _____

Email Address: _____

I would like to receive notifications from CFL by: ☐ Phone ☐ Email ☐ Text

I would like to receive information about CFL's programs and services via email: ☐ Yes ☐ No
(You may opt-out of emails at any time by unsubscribing.)

I agree:

- To **observe** all library rules and be **responsible** for all materials borrowed with my card.
- To **pay** all fines and fees associated with my card.
- To **report** the loss, theft, or abuse of my card immediately. I understand that I am responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen.
- To **report** changes in my account information.

_____ _____ _____
Signature of Applicant Date Signature of Parent or Guardian (age 17 or under)

Access to the Internet can be restricted on a child's library card. Would you like your child to have access to the Internet? ☐ Yes ☐ No

The library **accepts no responsibility** for any damages incurred by use of our materials.

FOR STAFF USE ONLY Library Card Number: PTMPL011_____