



**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)

**Address (no P.O. Box allowed):**

\_\_\_\_\_

(Number & Street) (Apt. #)

(City/State)

(Zip)

**Cell Phone (Required for \*Text notification):**

**Home Phone:**

\_\_\_\_\_

(Area Code) (Number)

\_\_\_\_\_

(Area Code) (Number)

**e-Mail Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

(Month) (Day) (Year)

<b>Holds/overdue notification preference (check one):</b>		
<input type="checkbox"/> e-Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> *Text

- Male       Send me Library e-Updates.  
 Female

*Valid identification with current address 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)

As parent/legal guardian, I grant the applicant full access to:  1) The Library movie collection <input type="checkbox"/> YES <input type="checkbox"/> NO  2) The Library video game collection <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Parent/Legal Guardian Signature:** \_\_\_\_\_