



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):** _____

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:** _____

(used for Library purposes only)

(Month) (Day) (Year)

Holds/overdue notification preference (check one): **Phone** ***Text**

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)

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

Parent/Legal Guardian Signature: _____