

Please Print.

Last Name	First Name	Middle Name	Date of Birth	
Street Address	Apt/Unit		PO Box	City, Zip Code
Cell Phone	Carrier (to receive text notifications)		Home Phone	
E-mail Address	Preferred method of contact: (E-mail recommended) <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Text			

PLEASE READ CAREFULLY:

- The Library interprets possession of library card as consent to use it unless it has been reported lost or stolen.
- Library accounts are subject to Iowa Code 22.7 – *Confidential Records*.
- I agree to be responsible for all materials checked out on this account, pay all fines, abide by the policies of Grimes Public Library (available online or in the library), report loss or theft of card, and report any changes to my application immediately.

LIBRARY CARD OR PHOTO IDENTIFICATION IS REQUIRED AT ALL TIMES TO BORROW LIBRARY MATERIALS.

Signature of patron or legally responsible party	Name of parent/legal guardian (If applicable)	Today's date
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For Office Use Only: 25011 -	Address verified by:	Employee Initials:
<input type="checkbox"/> Juv. <input type="checkbox"/> Adult	<input type="checkbox"/> Grimes <input type="checkbox"/> Rural Polk County <input type="checkbox"/> Other:	<input type="checkbox"/> New Card <input type="checkbox"/> Update

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