

For Staff Only:

OK to take over record?

Carbon County Library System Library Card Application - Minor (5-17 years old)

Providing updated contact informa	tion is necessary to	conduct busin	ess with the CCLS	
Child's Last Name	First Name	Mid	ddle Initial	
Parent/ Legal Guardian's Last Name	First Name	Mid	Middle Initial	
Mailing Address	Town	State	Zip	
Home Address (If different than mailing)	Town	State	Zip	
Home Phone Number Library records a	Cell Phone Number	E-mail address in accordance with Wyoming Statute 16-4-203c		
 Applicants must show photo ID and By signing below I acknowledge that 1. Children under the age of 10 m responsible for my child's behavion 2. I agree to adhere to the CCLS agree to be financially responsible incurred thereon. 3. I will notify the CCLS of an address 4. I understand that libraries and guardians; specifically they do selects for reading, listening, was not present. 5. I understand that library notification are fines even if notifications fainformation. 	inust be supervised by or in the library. set of governing policitle for my child's use of ss change or lost/stole their employees do not monitor, controviewing, or checking ications are sent vialed I agree to be finance.	a parent/guardies for this act fitheir card and not act on behol, or restrict out when a partext or email.	dian and that I am count. Specifically, I to pay any charges ately. I alf of parents/legal what a minor child irent/legal guardian I agree to provide tible for any bills or	
Parent/ Legal Guardian Signature	Date			

To learn more about our policies please visit www.carbonlibraries.org

NP

FEE

RR

Barcode Assigned:

Initial