

HPLD Library Card Application

Please write clearly

Preferred Language: English Spanish

Notification Preference: Email Phone **Birth Date (M/D/YYYY):** _____

Name: (First) _____ **(Middle):** _____

(Last): _____

Mailing Address: (Street) _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Primary Phone: (____) _____ **Mobile Phone:** (____) _____

Physical Address: Same as above OR **(Street)** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____ **P.O Box:** _____

Email Address: _____

*Email is the fastest way to tell you your holds are available, remind you to return your items, and to tell you about District services and events. Your email will not be shared with anyone else.

Signature of Borrower:

By signing this form, I agree to follow all library rules and pay all charges for overdue, lost, or damaged materials. I will give notice of any change of address and/or phone number or loss of library card. I understand that I am responsible for all materials.

Printed name of Parent/Guardian for borrower under age 16:

Signature of Parent/Guardian:

*I understand that library staff will not be able to tell me what my child has checked out (Colorado State Law C.R.S. 24-90-119), unless the items are considered lost according to library policy.