

Daly City Public Library Peninsula Library System Registration Form



California residents may apply for a library card. Photo identification and proof of address (postmarked mail) if not on ID, are required for all registrations. If you are under the age of 14, your parent/guardian must be present to co-sign the application form. Acceptable forms of ID are government issued photo ID or high school photo ID for patrons ages 14-17 (parent/guardian must be present to co-sign if ID is not available).

PLEASE PRINT

Name: _____
LAST FIRST MIDDLE INITIAL

Residence Address: _____
NUMBER AND STREET APT. # CITY STATE ZIPCODE

Phone: _____

Mailing Address: _____
(If different from above) NUMBER AND STREET APT. # CITY STATE ZIPCODE

E-mail: _____

Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Please read before signing:

- I agree to follow all policies, rules and regulations of the Daly City Public Library.
- I understand that overdue fines will be charged on materials returned or renewed after their due date. Borrowing privileges will be suspended when total fines and fees charges reach \$15.00. Accounts with billed items may be referred to a Collections Agency.
- I understand that I must bring my library card or photo ID each time I visit the library to access my account, check out materials or use the internet/lab computers.
- If I am signing this as the registrant's parent/legal guardian, I understand that my child has a right by state law to confidentiality.
- I agree to notify the library if my card is lost or stolen, or if I have a change in address. Replacement cards are \$2.00.
- I understand that the Library reserves the right to modify conditions for continued service at any time.

REGISTRANT SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

PARENT/LEGAL GUARDIAN PRINTED NAME

(For children under 14 years old/ youth under 18 without I.D.)

Library Users, regardless of age, have access to all library materials, and are granted user confidentiality under California Law (Government Code, Section 6267).

FOR OFFICE USE ONLY: Barcode: 2-904 _____ DL: _____ Staff Initials: _____ Date: _____
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