

# FALL RIVER VALLEY LIBRARY CORPORATION (Non-profit) BORROWERS APPLICATION FOR LIBRARY CARD

If submitting online, please email form to [library.fallrivervalley@gmail.com](mailto:library.fallrivervalley@gmail.com)

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CDL # or ID # \_\_\_\_\_ Borrower # \_\_\_\_\_  
(Library Use) (Library Use)

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Name: \_\_\_\_\_  
(Please Print – Last name, First name & Middle initial)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from physical address)

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

**\*I hereby agree to accept full responsibility for:**

(PLEASE INITIAL)

- \_\_\_\_\_ a) Returning the book(s) in 2 weeks or renew for an additional 2 weeks.  
\_\_\_\_\_ b) Replace the lost, damaged or stolen book(s) with an identical one(s) or pay to the  
Library the total replacement cost.

---Patron will receive email confirmation when books are reserved through the online public access catalog (OPAC)

**\* I also agree to abide by the rules of the library in the use of their materials while on the library premises.**

**\* In the event of an accident on the premises of the library, I agree to hold the Fall River Valley Library and librarians free of all responsibility.**

**\* I understand that my borrower's privileges will be revoked after 60 days for overdue book(s) or withdrawn at any time at the discretion of the Fall River Valley Library Corporation.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

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**\* I hereby agree to all of the above for my minor child/children whose name(s) appear herein.**  
Children who are 10 years and older may have their own library card with your permission.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

List minor children by **last** name & First name

1. \_\_\_\_\_  
LAST FIRST DATE OF BIRTH CARD NUMBER

2. \_\_\_\_\_  
LAST FIRST DATE OF BIRTH CARD NUMBER

