



Library Card Application **for Adults**

Welcome to the Daniel Boone Regional Library!

PLEASE PRINT CLEARLY.

▶ **Name** Last _____

First _____ Middle _____

▶ **Birthdate** ____/____/____ Preferred Name _____

▶ **Local Address**

(Street, Route, Apartment Number, etc.)

City County (Boone, Callaway, e.g.) ZIP Code

▶ **Other Contact Information**

Primary Phone _____ Alternate Phone _____

Email

▶ **Alternate/Permanent Address (If applicable.)**

(Street, Route, Apartment Number, etc.)

City County (Boone, Callaway, e.g.) ZIP Code

I acknowledge, understand and agree that I am responsible for all items checked out to my library account and may be charged the replacement cost for any items not returned or returned damaged. I also acknowledge and understand that if my account becomes overdue to the point that I am billed for unreturned items, my account may be referred to a third party for collection, and I further understand that I may be charged an additional collection fee if this occurs.

I further understand that if my account is so referred for collection, then confidential information concerning my account or library materials borrowed or used by me, which would otherwise be confidential to me and protected from disclosure without benefit of a court order, as provided for by section 182.817 of the Missouri statutes can be released to the third party or to the court in connection with the collection process, and I waive any right I have under such section of the Missouri statutes or otherwise to object to or complain of such disclosure.

▶ **Signature** _____ **Date** ____/____/____

Your personal contact information will only be used for official library communication.

Library Use Only Brochure given Mail Date ____/____/____ Staff Initials _____

Card # 2 1269 _____ Comments _____