



13101 Schavey Rd. DeWitt MI 48820  
517.669.3156 fax 517.669.6408  
www.dewittlibrary.org

# Library Card Application

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Driver's license # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

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

I am a resident of:  Bath Twp.  City of DeWitt  DeWitt Twp.  
 Watertown Twp.  Other \_\_\_\_\_

School district I reside in:  Bath  DeWitt  Lansing  
 Other \_\_\_\_\_

Other (Non-Resident ) \_\_\_\_\_  fee collected

I agree to obey all rules and regulations of the DeWitt District Library. I understand I am accountable for materials borrowed on my account and fully accept responsibility for late fees or costs incurred for damaged or lost library material. I agree to provide the library prompt notice of any change of address.

Patron Signature \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(if 18 years old or older)

**For minor children** (under 18 years of age) Child's birthdate: \_\_\_\_\_

I agree that my child will obey all rules and regulations of the DeWitt District Library. I understand that I am accountable for materials borrowed under my child's account and fully accept responsibility for late fees or costs incurred for damaged or lost library material. I agree to provide prompt notice of any change of address.

Signature of parent / guardian \_\_\_\_\_  
(sign) (print)

Please list name(s) of any additional individual(s), other than the signing patron, parent or guardian, who have permission to access the above library account:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

**FOR STAFF USE** Barcode # \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ Check by \_\_\_\_\_

Note field:  Out of District - Student  Out of District - DeWitt Employee  Account Access Permissions