



# Home Library Service Application

Application must be signed and dated.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ **Duluth, MN**

Zip Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency contact name and telephone number:

\_\_\_\_\_

**By signing this application:**

1. I understand that it is unlawful not to return library materials and that I will be held fully responsible for all materials checked out on this account and delivered through the Home Library Service, paying all fines and fees.
2. I give permission for the library to maintain a Reading History and other records necessary for Home Library Service.
3. I give permission for volunteers to access my account as part of their Home Library Service duties.

\_\_\_\_\_  
Signature

Date

