

MANSON PUBLIC LIBRARY
APPLICATION FOR LIBRARY CARD

Cards will be issued to all individuals wanting to use the Manson Public Library. This includes residents of the City of Manson, Calhoun county and anyone who qualifies through the *Open Access* program of the State Library of Iowa. Check outs will be limited to **2** items for the first 30 days or until a "good standing status" can be verified by circulation records.

Name _____

Street Address _____

P.O. Box # (or mailing address) _____

Town _____

County _____

State IOWA

Zip code _____

Telephone # _____

If a local number cannot be provided, patron accounts will be assessed \$1.00 per call to cover long distance charges if a call is necessary to contact about overdues, reserves or Interlibrary loans

Email address _____

By signing this application for a library card, I agree to comply with the rules and regulations of the Manson Public Library. I agree to take responsibility for all materials checked out on this card.

Signature _____

Date _____

Signature of parent or guardian is required if under the age of 17

Parent/Guardian _____

Barcode # _____ Patron type _____

ID verification: DL# _____ Mail _____ City records _____