

AGENCY APPLICATION FOR LIBRARY CARD

Statement of Eligibility for Agency:

Any business, agency, or community organization conducting business or engaged in activity in Erie County, which can meet identification requirements established by B&ECPL Administration and can authorize an individual to accept financial responsibility for the use of library resources, is eligible for an Agency Card.

PIN _____
4 numbers only – no letters
(Staff member give PIN to applicant)

Need a PIN?

Agency Name _____

Agency Address _____
No. Street

City County State Zip Code (Zip + 4)

Agency Telephone (_____) _____

Contact Name _____

Contact Address _____
No. Street

City County State Zip Code (Zip + 4)

Contact Telephone (_____) _____ E-Mail Address _____

Notification: Select Preferred Method of Notification for Overdue, Lost and Request Items:

Notices are sent as a courtesy. Non-receipt of a notice does not eliminate liability for outstanding materials or fines.

E-mail Address Telephone

Borrowers must adhere to Library policy and procedures. Individuals are expected to return library materials on time and in good condition to avoid fines and possible referral to a collection agency which results in an additional fee. The Library is not responsible for any damages to electronic equipment incurred during the use of Library materials.

By signing this application, I accept responsibility for all materials and computer usage associated with my library card. This includes fines and/or fees incurred for overdue, lost, damaged or stolen items. I will immediately notify the Library if there is a change in name, address, e-mail address, telephone number or loss/theft of this card.

Signature _____ Date _____

Yes! I would like to receive periodic updates about Library services, programs and activities.

This application must be accompanied by the attached statement printed on your agency's letterhead for verification purposes.

Staff Use Only below this line

Date _____

User Profile

Previous ID #10001 _____

Agency

Patron ID #10001 _____

Type of ID used _____

**Application must be kept on file
for the term of the
card.**

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Profile Change |
| <input type="checkbox"/> COA | <input type="checkbox"/> Phone Number Change |
| <input type="checkbox"/> LC Report | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> E-mail Change |

Staff Initials _____

#107 SUP Rev. 8/12/2015



