

Date: _____

Hamilton Public Library Application Temporary Card

Applicant Information

Last Name: _____ Card # _____

First Name: _____ M.I.: _____

Additional Name on Card: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone*: (_____) _____ Other Phone: (_____) _____

E-mail Address*: _____

**Required*

Current Mailing Address of Patron:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Permanent Mailing Address of Patron:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Staff Use Only

Temporary Card (\$20.00) Paid – Cash _____ Check _____

Driver's License # or (other ID #): _____ If other ID, what type: _____

DOB: _____ Exp: _____ Make photocopy of ID: _____

Identification verified? _____ YES _____ NO Staff Initials: _____

Temporary Card Issue Date: _____ **Temporary Card Expiration Date:** _____

All items returned. _____ Temporary card returned. _____ \$20 refunded. _____ Date: _____ Staff Initials: _____

Instructions

A Temporary Card will be issued to patrons who do not have a current Texas photo ID with a Hamilton County address and/or all supporting documents. The temporary card will be valid for **6 months only**. You must be 18 years or older to apply for a library card. The required identifications are a current valid photo ID, an email address, and a cell phone number. The card will cost \$20. Upon the return of all library materials and card, on or before the 6-month deadline, the deposit of \$20 will be returned to the temporary card holder. If the temporary card is held longer than 6 months, the entire deposit will be forfeited and a New Temporary application and deposit will be required.

By signing this application, I agree to follow the Library Rules and Policies, to accept responsibility for the use of Library computer resources, and to accept financial responsibility for all materials checked out on and all charges incurred against my card.

If you would like to donate your deposit to the library,
please indicate your agreement to do so with your initials. _____

X _____
Signature of Patron

Date