

LODI PUBLIC LIBRARY

SOUTH CENTRAL LIBRARY SYSTEM

IDENTIFICATION REQUIRED: Photo ID and proof of current address

Name:		Middle	Last		
Birthdate://	/ y Year	Are you under 16?	_YN		
Mailing Address:					
Stree	t	City or village	State	Zip	
Township or city you live	e in, if outside	City of Lodi:			
Email:		Phone:			
I would like to pick up m	y holds at	Lodi Library			
Sign me up for Lodi library. (email only)	Public Library'	s monthly newsletter to stay upo	dated on new develo	pments at th	
How would you like to b	e notified whe	en your holds are ready to be pic	ked up?		
☐ Text	Email	Automated phone call	☐ No notice		
Would you like to receiv	e an email not	tice when your items are due:			
2 days before the d	ue date	When the items are due	No notice		
checked out by others with or report if my card is lost or stol policies. I understand that I a	without my consilen, or if any of m m responsible for road range of res	n responsible for all materials checked of sent, unless I have previously reported by contact information has changed. I we r charges for lost, damaged, or stolen li ources and that it is my responsibility to al use.	the card lost or stolen. I vill comply with all Lodi I brary materials. I under o judge for myself and fo	will immediate Public Library stand that Lodi	
PATRON SIGNATURE:			_ DATE:		
FOR CHILDREN UNDER 16,	PLEASE COMPL	ETE:			
Parent or Legal Guardian Signa	ature:				
Please print parent or legal gu	ardian name:				
OR LIBRARY STAFF ONLY:		Patron Category_			
Library card number		Proof of current ac	Proof of current address		
PSTAT		Send application t	0		
PHOTO ID		Staff initials	Staff initials		