Effingham Public Library

Homebound Resident Application

Last name:				
First name:				
Middle name:				
Address:				
City:	Zip:			
Phone # ()		Birth date:		_
Driver License or ID #: _			<u></u> .	
Choose one of the followi	ng:			
I have never had a	library card at th	nis library.		
I have a card alread	ly and my librar	ry card # is		_
I had a card, but do	n't know where	it is or if it's expin	red.	
card you agree to comply wi acceptable use policy, and to applies to all items checked Homebound Residents. Plea	y card entitles you ll all the rules and pay any and all cout on your librar use report a lost or authorized use of the	to borrow materials dregulations of the E overdue fines and chay y card. The library d r stolen card and any the library card. Fail	s from the Effingham Public Effingham Public Library, incarges for lost, stolen or damagoes not do Interlibrary Loan address changes. The Effinglure to comply with the library	cluding the Internet ged materials. This with regards to gham Public Library
Signature:			_ Date:	
Printed name:				
Application can be faxed	or you can call S	Sara at the library t	o have it picked up.	
Phone: (217) 342-24	164			
Fax: (217) 342-2413				
For Staff Use Only: In	nitials	Date:		
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