



MINERAL COUNTY PUBLIC LIBRARY

Please fill out this form
& give to the Librarian
on duty. WELCOME!

Superior, MT | (406) 822-3563

NAME _____
PHONE _____
CELL _____
EMAIL _____
BIRTHDATE (MM/DD/YYYY) _____

ALT ID _____ (ask librarian)

MAILING ADDRESS

STREET ADDRESS

TYPE OF ID _____
COUNTY RESIDENT Y/N
SUMMER RESIDENT Y/N
TEMPORARY Y/N
UNDER 14 YRS Y/N
GRADE _____

PLEASE READ AND SIGN: I agree to abide by the policies of the Mineral Co Public library and to notify the Library when any of the above info changes. In accordance with MT law, I understand that library records will be kept confidential and that the library discourages users from sharing library cards and materials. I will be responsible for all charges for any overdue, lost or stolen library materials checked out on my library account.

Signature

I understand that children have access to all materials in the Library, and I accept responsibility for monitoring my child's access to print, media and electronic formats, including the Internet.

Signature of parent or legal guardian if applicant is under 14