

Duluth Public Library
Home Library Service Application

Application must be signed and dated.

Last Name: _____

First Name: _____

Middle Name: _____

Street: _____ Duluth, MN

Zip Code: _____ Home phone: _____

Email: _____

Birthdate: (month/day/year) ____/____/____

Emergency contact name and telephone number:

By signing this application:

1. I understand that it is unlawful not to return library materials and that I will be held fully responsible for all materials checked out on this account and delivered through the Home Library Service, paying all fines and fees.
2. I give permission for the library to maintain a Reading History and other records necessary for Home Library Service.
3. I give permission for volunteers to access my account as part of their Home Library Service duties.

Signature

Date