

ORGANIZATION LIBRARY CARD APPLICATION



_____ requests that a full privilege library account be issued under the name of
Name of Principal or Head of Organization

_____ Department/Classroom (if applicable)
Business/School/Organization

_____ City Zip Code
Organization Address

- I affirm that I have the authorization to request a library card in the name of the organization stated above, and that the organization resides in Douglas County, Nebraska.
- I understand that this card is for use on behalf of the above listed organization and not intended for personal use.
- I understand that the organization listed above is responsible for any fees accrued on the account. **Items will be assessed a replacement cost at three weeks overdue. Account balances over \$50 are subject to additional fees.**
- I understand that the organization is responsible for safeguarding the library card and for reporting a lost or stolen card immediately to prevent unauthorized use.
- I understand that the organization is responsible for reporting changes in address, contact information, and persons with authority to access the account.
- I understand that the organization is responsible for cancelling the library account if no longer desired.

Preferred contact information for the library account is: _____
Name

_____, Or _____
Preferred Contact's Email Preferred Contact's Phone

The following individuals will also have access to account information and may use the account with photo ID. Any person presenting the library card will be allowed to access the account.

_____, _____
Names of additional individuals at the organization that may use the library account

_____, _____
Signature of Principal or Head of Organization Date

_____ Personal Identification # for Library Account
Print Name/Job Title / Position

Please bring this form to your nearest library location, along with photo identification and a current business card or other proof of organization's address. All applications must be submitted in person. Either the head of the organization or the individual listed as the preferred contact/primary user may submit this form.

OFFICE USE ONLY

Staff Branch/Initials/Date _____

- Photo ID Verified
- Proof of Organization Address Verified

Library Barcode Number: **23149** _____