

**Library Cards for Adults also require identification**  
**Library Card Application**

**HAYWARD PUBLIC LIBRARY**

Hayward Main Library (510) 293-8685 Weekes Branch Library (510) 782-2155

**Please print**

NAME \_\_\_\_\_  
( First) (Middle) (Last )

RESIDENTIAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS (If different from above) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

CALIF. DRIVER'S LICENSE OR ID NUMBER \_\_\_\_\_  
(OR PARENT'S OR GUARDIAN'S)

BIRTHDATE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
(OR CHILD'S BIRTHDATE)

*I would prefer to receive notices via (check one)  telephone  email*

**Hayward Public Library has a policy of open access to all materials and information sources. This means that we do not restrict any item in the collection or limit access to the Internet. It is a parent's right and responsibility to guide usage by minors and ensure that his/her children use the library according to individual family beliefs. The Internet is a valuable resource for information, but some sites may not provide accurate information while others may, in your judgment, be inappropriate for your child.**

**I agree to be responsible for my child's use of library materials and any fees or charges incurred.**

**There is a charge of \$2 for replacement of a library card.  
The late charge on all materials is 25¢/day per item.**

**As the authorized user, I will be responsible for all materials checked out with this card. I will notify the library of any change of address and will report a lost card immediately. I agree to pay all charges for overdue, lost and damaged materials. If I fail to pay any charges, I will be responsible for all collection costs.**

**Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Or parent/guardian)