JOHNSON COUNTY

Library

LIBRARY CARD APPLICATION

Current ID required

JOHNSON COUNTY

Library

First	Middle	Last		
Your Nearest Library	PIN/password (4-12 numbers, letters or co	mbination)	Date of Birt	th (MM/DD/YYYY)
Address				Apt
City		State		Zip
Email Address		Phone		
Authorize an Additional Account User(s)				

PLEASE READ BEFORE SIGNING

As cardholder, I accept full responsibility for all material selected and borrowed on this account, including loss, damage and fines incurred. I understand that until I notify Johnson County Library of a lost or stolen Library card, I am responsible for all materials and services charged to it. I understand that unpaid fines and fees may be turned over to a collection agency. I understand the Library assumes no responsibility for any equipment problems occuring during my use of Library AV materials. I understand that my Library card may be revoked and my privileges to use the Library restricted or revoked if I fail to comply with Library rules and regulations.

Signature	Date

Welcome to Johnson County Library!

Find items and resources at **jocolibrary.org**. Log in with your card number and PIN to:

- Place holds for pick up at the location of your choice
- Renew items and pay fines
- Use the 24/7 eLibrary

Books (3 weeks)	CDs (3 weeks)	DVDs (2-3 weeks)	Video games (1 week)	eBooks & eAudiobooks (3 weeks)	A few special items have different check-out periods
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MATERIALS

Fines are 30¢ per day with a maximum of \$6 per item. Return materials to any Johnson County Library or Olathe Public Library. If fines on your account [reach \$15] your account will be restricted. If your fines [reach \$25] you won't be able to use your card and may be charged a nonrefundable fee.

CONTACT

You have questions. We have answers. Drop by any Library location, call or send us a note.







ask@jocolibrary.libanswers.com

F15

LIBRARY CARD APPLICATION - BIRTH TO 15 JOHNSON COUNTY Library

15

Child's First Name	Child's Middle Name	Child's Last Name
Your Nearest Library	PIN (4-12 numbers, letters or combination)	Date of Birth (MM/DD/YYYY)

Please Print Parent's First & Last Name

Address		Apt
City	State	Zip
Email Address	Phone	<u>.</u>

Authorize an Additional Account User(s)

FOR PARENT OR LEGAL GUARDIAN OF APPLICANT UNDER AGE 16, PLEASE READ AND SIGN:

I agree to be responsible for all materials checked out on this card and for the selection of all materials made by my child, including, but not limited to, books, periodicals, AV materials, eLibrary content and materials accessed on Library computers. I understand that until I notify Johnson County Library of a lost or stolen Library card, I am responsible for all materials and services charged to it. I understand that unpaid fines and fees may be turned over to a collection agency. I understand the Library assumes no responsibility for any equipment problems occuring during my use of Library AV materials.

Date

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Homework Helj	• jocolibrary.org/homeworkhelp		
-	with our Coaches or live online help	o at Tutor.com	
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elementia Teen	Zine • jocolibrary.org/elementia	at which	