



13101 Schavey Rd. DeWitt MI 48820
517.669.3156 fax 517.669.6408
www.dewittlibrary.org

Library Card Application

Last Name _____ First _____ M.I. _____

Driver's license # _____ Phone # _____

Address _____

City _____ Zip code _____

Email address _____

I am a resident of: Bath Twp. City of DeWitt DeWitt Twp.
 Watertown Twp. Other _____

School district I reside in: Bath DeWitt Lansing
 Other _____

Other (Non-Resident) _____ fee collected

I agree to obey all rules and regulations of the DeWitt District Library. I understand I am accountable for materials borrowed on my account and fully accept responsibility for late fees or costs incurred for damaged or lost library material. I agree to provide the library prompt notice of any change of address.

Patron Signature _____ Birthdate: _____
(if 18 years old or older)

For minor children (under 18 years of age) Child's birthdate: _____

I agree that my child will obey all rules and regulations of the DeWitt District Library. I understand that I am accountable for materials borrowed under my child's account and fully accept responsibility for late fees or costs incurred for damaged or lost library material. I agree to provide prompt notice of any change of address.

Signature of parent / guardian _____
(sign) (print)

List any additional individual(s), other than the signing party who have permission to access and/or change information on the above library account:

Name _____ Relationship _____
Name _____ Relationship _____

FOR STAFF USE Barcode # _____ Date _____

Completed by _____ Check by _____

Note field: Out of District - Student Out of District - DeWitt Employee Account Access Permissions