CITY OF OXNARD CALIFORNIA

Library Card Account Application

CARDHOLDER INFORMATION - PLEASE PRINT CLEARLY

First Name _____ **Middle Name** _____ **Last Name** _____

Birthdate: _ _ / _ _ /_ _ _ _ **Age Group:** ☐ **Child (0-12)** ☐ **Teen (13-17)** ☐ **Adult (18+)**
Month / Day / Year

Address _____ **City, State and Zip Code** _____

Phone: (____)_____ **E-mail Address:** _____

Type of Library Card Being Applied For:

☐ I am applying for a library card with borrowing privileges.

☐ I am applying **ONLY** for a Digital/Internet Library Card Account.

Send notices about library issues, services, events, and support opportunities via:

☐ **E-mail** ☐ **SMS/Text or** ☐ **Opt-out**

PERMISSION TO ALLOW OTHERS ACCESS TO MY LIBRARY CARD ACCOUNT OTHER THAN A PARENT/GUARDIAN (OPTIONAL)

I allow the following person to do the following without me being present, and to have access to information held on my library card account: ☐ Pick up holds ☐ Pay for lost/damaged item(s).

Name _____ **Relationship** _____ **Library Card Barcode No.** _____

FOR PARENT OR LEGAL GUARDIAN OF MINOR APPLICANT

☐ I give my child permission to have a library card with access to all library collections.

OR

☐ My child may check out items only from the Children's collection.

By getting a library card account, you acknowledge that (check box):

☐ I agree to be responsible for: all materials checked out on my account or that of my child/ward, to report a lost library card, to observe library rules and policies, to promptly pay for any lost or damaged item(s) and to notify the library of address or phone number changes. I understand that I can view at any time my account details, including any accrued charges online at www.oxnard.gov/library. I assume complete financial responsibility for all library materials borrowed on my account or that of my child/ward.

Print Name of Applicant _____ **Applicant Signature** _____ **Date** _____

(or parent/legal guardian if applicant is a minor) **(Under 18 years of age, parent/legal guardian signature required)**

The information on this application is confidential per CA Govt Code § 7927.105.

FOR STAFF USE ONLY

2308400 _____

Staff Initials:_____ Today's Date:_____ Last Updated: January 28, 2025