Kimball Public Library
New Borrower Application

Name:___________________________________________

Last       First       M.I.

Town of Residence: ________________________________

Birth Date: ___________

Pronoun:  □ she  □ he  □ they  □ ________________  □ leave blank
(please indicate)

If under 18, name of parent/guardian: ________________

Mailing address: _________________________________

_________________________________

Other address: _________________________________
(if applicable)

_________________________________

E-mail: ________________________________________

Primary phone: _________________________________

Secondary phone: _______________________________

By applying for a library card, I agree to abide by all of Kimball Library’s rules and policies. I understand that I am responsible for all materials that I borrow from the Library, and agree to return or renew items by their due date. I agree to make good any damage to or loss of Library materials.