



LIVINGSTON PARK COUNTY
PUBLIC LIBRARY

299260000

for staff use

Name _____
Last First MI

Four-digit PIN ____ (allows you to access your account online)

Address _____

City _____ Zip _____

Phone _____ Email _____

By signing below, I agree to abide by all Library policies.
I also understand that any holds to be picked up on the Bookmobile may be left at a predetermined public location where it is possible a third party could see what item(s) I have reserved.

signed _____ date _____

Parents and guardians:

By signing below, I agree to be fiscally responsible for the above-named cardholder. I understand that Montana state law does not allow library staff to disclose any information about a person's account, regardless of that person's age and even to parents or guardians, except for the purpose of recovering fees or charges. Possession of another user's library card constitutes permission to access that user's library account.

I also understand that the Library makes no claims as to restricting access to **any** library materials or access to online materials and information to anyone of any age. As a parent or guardian, I assume the sole responsibility for ensuring at all times, even in my absence, that minors in my care use Library materials and access online information according to my family's standards.

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