



Library Card Application

Burlington Youth resident

Print please!

Name _____
Last First middle initial

Street address _____

Mailing address (if different) _____

City _____ State _____ ZIP _____

Phone# _____ School _____

Email _____

I agree to be responsible for all materials checked out on this library card, including the cost of lost or damaged items. I understand that there are fines charged for overdue items.

Parent/guardian signature

Parent/guardian print name

Child Signature

Address (if different) _____

Parent/guardian email _____

Office use only:

Ward # _____ Barcode # _____