



Township of Uxbridge Public Library Library Card Registration Form

LAST NAME: _____ FIRST NAME: _____	
PERMANENT ADDRESS: _____	
CITY/TOWN: _____	PROVINCE: _____ POSTAL CODE: _____
(If you are a temporary resident, please complete the permanent address section above as well.)	
TEMPORARY ADDRESS: _____	
CITY/TOWN: _____	PROVINCE: _____ POSTAL CODE: _____
BEGINNING DATE: _____	ENDING DATE: _____
HOLDS & OVERDUE NOTIFICATION BY: PHONE: ____ EMAIL: ____	
EMAIL ADDRESS: _____	
HOME TELEPHONE: _____	BUSINESS TELEPHONE: _____

PLEASE CHECK APPROPRIATE LINE	COMPLETE IF UNDER THE AGE OF 18
0-12 __ Child 18-64 __ Adult 65+ __ Senior	Birthdate: _____ (yyyy/mm/dd)
13-17 __ Youth __ Non resident	

REQUIRED FOR CHILDREN AGE 12 AND UNDER

I accept responsibility for my child's selection, usage, and return of library material.

I give permission for my child to access the Internet. Yes __ No __

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OF GUARDIAN: _____

In accordance with the provision of the Municipal Freedom of Information Act and Protection of Privacy Act, 1990 (Section 28 and 29), we are requesting this information for the purpose of a) making a determination on the application, b) maintaining a business record upon acceptance, and c) statistical analysis. Our authority for the collecting of this information is the Ontario Public Libraries Act 1990.