

**Sandusky Library
Cedar Point Employee Library Card Application**

Applicant must present Cedar Point identification **and** a driver's license or
some form of ID with patron's permanent address.

Please Print

Card #: 10009 _____ **Social Security #:** _____

First Name: _____

Middle Initial: _____

Last Name: _____ **Suffix:** _____

Mailing Address: One Cedar Point Dr. Sandusky, Ohio 44870-5259

Phone: (419) 626-0830 **Ext.** _____

E-Mail Address: _____

. If you provide e-mail address, overdue and pick-up notification will be done by e-mail

Welcome to your public library! Continuing library service depends upon your courtesy in returning materials on time and in good condition so that others may use them. Your library card will be checked at each checkout for any service charges.

I agree to be responsible for all materials borrowed and any service charges incurred.

Applicant Signature



For Office Use Only

Permanent Address for Temporary Patron
NO SCHOOL ADDRESSES

Permanent Phone #

(_____) _____

Class

Qualifier

X Temporary X SA

X Adult

Service Area:

Staff:

Date: