

Staff Use Only: ID verified_____ F4_____ Date Issued_____ Initials_____

WEST DES MOINES PUBLIC LIBRARY PATRON APPLICATION
Please Print

Name: _____
Last First MI

Phone _____ **Type:** Cell_____ Home_____ Work_____

Preferred mode of communication for hold notifications: E-mail_____ or phone_____

E-mail Address (optional): _____

Address _____

Mailing Address if Different From Above:

Gender: Male_____ Female_____ **Birth Date** _____

Guardian: (required for applicants under 18 years of age) _____
Children 13 and under must be accompanied by a parent or legal guardian in order to apply for a library card.

Do you have a card at one of the following libraries? If yes, would you like the West Des Moines Library barcode affixed to that library card? (You will have one card to carry instead of two cards). Yes_____ No_____

Altoona
Ankeny*
Bondurant
Carlisle

Clive*
Des Moines*
Grimes
Johnston

Mitchellville
Pleasant Hill
Polk City
Urbandale*

Staff Use Only

Contract Libraries:
Windsor Heights*
Rural Polk County

Open Access _____
*three year expiration date