



# Agency Cardholder

## ORGANIZATION INFORMATION

Entity Name \_\_\_\_\_

Department/Sub-Division (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Borough/Township \_\_\_\_\_

Primary Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ ext. \_\_\_\_\_ Notice Preference:

E-mail \_\_\_\_\_  Phone  E-mail

We will automatically send notifications for overdue/reserve item to you.  
Please note that notices for billed items will be sent by standard US mail.

## RESPONSIBLE CARDHOLDER INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ext. \_\_\_\_\_

E-mail \_\_\_\_\_

Driver's License/State ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_

The following individuals also have the ability to access this account, pay fees and pick up reserve items (proper ID may be requested).

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

### Confidentiality:

It is the policy of Carnegie Library of Pittsburgh that all library records are kept confidential and only shared with the cardholder and/or as a result of appropriate legal orders. I certify, by my signature, that I am over 18 years of age, represent the named entity above and assume responsibility for the use of this card and any related charges per the library's policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Title

Privacy policy available at [www.carnegielibrary.org](http://www.carnegielibrary.org)

### STAFF ONLY

New  Renewal PIN Entered  Reg. Library P Type Boro/Twp Home Library

Barcode Expiration Date Staff Name Today's Date

Entity Name \_\_\_\_\_

AGENCY