

Business/Organization Library Card Application



To be filled out by owner or manager:

Business or Organization Name	
Name of Owner or Manager	
Business Address	
Business Phone	
Business Email Address	

Contact Information

I wish to receive notification for available holds or items due via:

- Email
 Text Message
 Phone

Agreement and Signature

I UNDERSTAND THAT I AM, AS THE CARD HOLDER, RESPONSIBLE FOR ALL MATERIALS CHECKED OUT ON THIS CARD AND ANY CHARGES ASSESSED TO THIS CARD. IT IS MY RESPONSIBILITY TO NOTIFY THE LIBRARY IF THIS CARD IS LOST OR STOLEN.

Name (printed)	
Signature	
Date	

This card will be valid for use in all Illinois Public Libraries for one (1) year. Current business documentation must be presented upon request for renewal.

For Staff Use

User ID: _____

Expiration Date: _____

New to WRS: Yes No

Documentation Checked by: _____
(Attach documentation to this form)