## INSTITUTIONAL BORROWER'S APPLICATION

Institutions in Baker County and agencies of Baker County government are eligible to apply for an institutional card. Institution examples include: day care center, kindergarten, preschool, school, prison, rest home or hospital. Institutional Borrower Applications must be submitted by the current director of the institution. An applicant's proof of identification and signature are required.

The purpose of the card is to supplement the materials needed by institutions/agencies to fulfill their missions. (The card is not intended for individual employee use; individuals must apply for a library card and pay the out-of-county fee, if applicable.) If the purpose of the institutional card is abused, the library will terminate the institution's/agency's borrowing privileges.

The institutional card must be presented at the time of checkout.

The same regulations applying to individual adult resident borrowers apply to institutions/agencies. However, institutional cards must be renewed annually.

Institutional card applications must be approved by the Library Director or Circulation Manager at the Main Library. Library staff will verify employment of the applicant as part of the approval process.

## **PLEASE PRINT:**

Name of institution/agency:		including name of parent ir	stitution if applicable )	
Street Address:		5 51	stitution, if applicable.)	
City:	State:	Zip:	County:	
Phone:	E-mail	:		
Name of Applicant (Must be Institu	ution Director/CEO):			
Title <u>:</u>		Signature:		

The fiscal agent, owner, treasurer or other individual duly authorized to accept financial responsibility for materials borrowed on this card must complete the information below. Financial responsibility includes full payment for any lost materials or equipment, the cost of repairs/replacement of damaged equipment or materials (cost determined by the library) and any fines and fees charged for overdue items. The institution is fully responsible for controlling the use of the institutional card. The institution must notify the library if the fiscal agent changes.

Name of fiscal agent:	
Title of fiscal agent:	
If different from above:	
Agency:	
Address:	
I have received a copy of the Institutional Borrower's Information S information about replacement cost for lost items.	Sheet, which includes the limits and responsibilities, as well as
Signature of fiscal agent:	Date:

Baker County Library District • 2400 Resort St., Baker City, OR 9781 Library Staff initials: \_\_\_\_\_\_ INSTITUTIONAL BORROWER'S APPLICATION forms/Circulation/institutionalapp.pdf