



Library Card Application

Bar code: _____

Name: _____

Address: _____

City: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Signature: _____

Parent/Guardian: _____

(For children's cards if applicant is 12 or under)

By applying for a library card, I agree to:

- Follow the rules of this library and other libraries in Westchester County*
- Pay all fines & fees charged to me for overdue, damaged & lost materials*
- Notify the library of any change address or loss of card.*

Field Library
4 Nelson Avenue
Peekskill, New York 10566

(914) 737-1212
(914) 737-0714 Fax