

Tompkins County Public Library

Institution Card Application

Chief Operating Officer: Please complete this form and attach a letter on company letterhead.

Name of Institution: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Telephone: _____ **Employer Identification #:** _____

In addition to the chief operating officer, the following individual(s) are authorized to use this account with photo ID if the library card is not present:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

As Chief Operating Officer, I apply for the above named institution's right to use the Tompkins County Public Library (TCPL). I agree to the following conditions:

1. All TCPL policies, borrowing privileges, regulations, and fees will apply to the institution.
2. The institution will be responsible for all materials borrowed in its name, and for the payment of all fines, fees, damages, and liabilities incurred through the use of its card(s).
3. TCPL reserves the right to cancel an institution account if it is misused.
4. The institution will be responsible for maintaining current information for TCPL records, and will promptly report a lost or stolen card.

Chief Operating Officer's Signature: _____ Date: _____

Chief Operating Officer's Name and Title: _____

Office Use Only

Account number:

Date and initials:

[File with letterhead attached.]