

**Attachment B-13**  
**Mammen Family Public Library**  
**Electronic Devices Registration Use Form**

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To borrow one of the Library's Electronic Devices\* for use, you must register for the loan program by agreeing to conditions outlined below:

- I certify that I am an **Adult** (18 years or older).
- I certify that the library has my correct name and address in their system, I have had a library card for more than 90 days, and my checkout history shows that I am in good standing with the library.
- I agree to keep any electronic device checked out from the library with me at all times. I understand that I am personally responsible if it or any of the components are lost, stolen, or damaged.
- I agree to return the electronic device loaned to me by the Library within the agreed loan period. If it is not returned on time I understand that **my account will be blocked** and my library card account will be **charged the maximum replacement fee** for the device.
- ***I ACKNOWLEDGE THAT IN CASE OF DAMAGE, LOSS OR FAILURE TO RETURN THE ELECTRONIC DEVICE WITH ALL OF THE COMPONENTS (INCLUDING CASE, & POWER CORD) IT WILL BE CONSIDERED A LOSS BY THE MAMMEN FAMILY PUBLIC LIBRARY. AND I AGREE TO PAY UP TO THE REPLACEMENT FEE OR THE COST TO REPAIR OR REPLACE ANY COMPONENT, AND A PROCESSING FEE.***

Electronic Device *	Max Replacement Fee
eReader	\$200

**Staff: Verify identification and current address with picture ID and current proof of address (bill, insurance card, etc.), update record in Apollo, and then sign this document.**

**Member:** I acknowledge that failure to pay any amount owed will be considered an outstanding debt to the Library and will be collected accordingly. Furthermore, I acknowledge that failure to comply with any of these conditions will result in the loss of my library borrowing privileges.

**My signature below indicates that I have read this Registration Use Form and that I agree to abide by these conditions of use.**

<b>Member Signature:</b>	<b>Date:</b>
<b>Staff Use Only</b>	
Member Name:	Member Barcode:
Member Address:	Member Phone #:
Member Driver's License #:	Member Date of Birth:
Proof of address document:	
<b>Verified by (Staff Member signature):</b>	<b>Date:</b>