

# Cliff View Self Service Hours Terms & Conditions Form

\*\*\* Please fill out and return to any St. Charles City-County Library Branch \*\*\*

Cliff View Self Service Hours are available for those who meet the following requirements:

- Holds a valid adult resident or adult non-resident St. Charles City-County Library card
- Presents valid photo ID & proof of address at time of registration
- Is 18 years of age or older
- Children under 18 must be accompanied by a parent or guardian at all times and the parent or guardian will be considered the main user
- Completes the Cliff View Self Service Hours Terms & Conditions Form
- Upholds the Library Code of Conduct

Customer Name: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Terms & Conditions. Please read carefully:

I agree to comply with all St. Charles City-County Library policies and guidelines including the Customer Code of Conduct.

I understand that I will be able to summon 911 assistance in an emergency.

I agree to listen and follow the directions in any announcements.

I understand that I must report any facility issues to the Library.

I accept responsibility for the space, equipment and furniture in the branch during my access time.

I understand that the Cliff View Self Service Hours are subject to change.

I am aware that library staff may not be present.

I understand that Cliff View Self Service Hours permit access to the public areas of the branch. All staff areas are restricted.

I understand that I may not open the Library to any other customers.

I understand that access may be revoked for violating library policy.

I understand that I am responsible for any minors that may accompany me.

I understand that the space is monitored by security cameras.

I understand the Cliff View Self Service Hours Terms & Conditions and agree to abide by them.

Customer Name (Please print) : \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My preferred method of contact regarding Cliff View Self Service Hours updates:

Email       Text       Phone Call

\*\*\* THIS SECTION TO BE FILLED OUT BY STAFF ONLY \*\*\*

Staff name and Branch: \_\_\_\_\_

ID verification complete: \_\_\_\_\_

Cliff View staff name: \_\_\_\_\_ Date: \_\_\_\_\_