

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 16 years of age and older
- Children under 16 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: _____