

REGISTRATION FORM I hereby pledge to follow the regulations of the municipal library of Leppävirta

Social security number

Surname

First names

Street address

Postal code

City/municipality

Email address

Telephone number

Reminder

 Via email By letter

Reminder of the due date via email

 2 days, 3 days, 4 days, 5 days before the due date

Pick-up notice

 Via text message Via email By letter (not available in the mobile library)

Due date receipt

 Printed receipt Via email No receipt

PIN code (4 numbers) for the web library and for the access to the self-service facilities outside the opening hours.

Date and signature

If the applicant is under 15 years old, the guardian fills in I hereby take the responsibility for the material borrowed by the applicant mentioned above

Social security number

Surname

First names

Street address (if different than above)

Postal code and city/municipality

Date and signature