

Application for Return to the Library Form

Name:		
Birth Date (YYYY/MM/DD):	To be completed if aged 17 years or younger	
Telephone Number:		
Exclusion Period:	From:	To:
	↑Enter Date↑	↑Enter Date↑
Reason for Exclusion:		

I understand that when my exclusion period ends, I will need to request reinstatement before returning to the Library. If my reinstatement is approved, I will follow the Welcoming Library Policy by:

Signature

If you are seventeen (17) years of age or younger, a parent or guardian is required to be part of the reinstatement process.

Date:

Name of parent or guardian (required)

Please mail this completed form to the Pickering Public Library, P.O. Box 368, One The Esplanade South, Pickering, ON L1V 2R6 or send via email to help@pickeringlibrary.ca.

Using the contact information you provided above, the Library will inform you of the next steps of the reinstatement process within two (2) weeks of receiving your application.

The personal information on this form is collected under the authority of the *Public Libraries Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. This information will only be used for the provision of Library services and programs by the Pickering Public Library. Questions related to the collection of this personal information should be directed by mail: Director, Support Services, Pickering Public Library, One The Esplanade South, Pickering, ON L1V 2R6 or phone: 905-831-6265 ext. 6231.