

図書館としかかんで申込書

交付
再交付

Issue
Reissue

※Fill in the spaces within the bold lines. (TICK FILL OUT *)

To the Superintendent of Shizuoka City Board of Education

Application Date Year Month Date

(Tick the box that applies.)

1. Please issue a library card, as I confirm that I will abide by the rules and regulations of Shizuoka City Library.

2. I would like to apply for a reissuance of library card, as I have lost it.

3. I would like to cancel my application for reissuance, as I have found my library card. Please re-activate it once again.

新規登録

データ入力

紛失処理

再交付日

データ入力

取りやめ日

利用者コード	新	—	旧	—
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Katakana		* せいねん	Meiji	Taisho	Showa	Heisei	Reiwa
Name		がっぴ	年	月	日		
* なまえ		Date of birth	year	month	day		
Address * じゅうしょ	〒 —		* でんわばんごう	Phone number			
	Shizuoka City	Ku (ward)	じたく・よびだし	Home number			
	Street no. House no. (Mansion name, etc.)		() —	—			
			* けいたいでんわ	Cell phone number			
			—	—			

Other Details * そのたのじこう	* メールアドレス	ご自身でHPまたは館内OPACから登録をお願いします。 Please register your e-mail address and password by yourself on the homepage or OPAC in the library.					
	E-mail address						
	* パスワード	(between 4 to 8 letters or numbers)					
	Password						
	* きんむさき	Workplace	* きんむさきでんわ	Phone number			
			()	—			
	* つうがく	Name of School or University					
その他連絡先 (日本国内)	Other contact address (in Japan)	〒 —	Phone number	()	—		
* ほごしやのなまえ	(Guardian's name if applicant is under 12 years of age)						
Name of person submitting in proxy	(本人以外の者が提出する場合)						
			Relationship to applicant	()			

住所コード		館		確認	免・保・身・学・住・外 他()
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We respect your privacy and assure you the information will not be used for any other purpose.

※If you are unable to apply in person, (for example, if hospitalized) somebody can apply on your behalf (in proxy). Please inquire for details.