OSHAWA PUBLIC LIBRARIES

Visiting Library Services Registration Form

Personal Information

Full Name:_____

Address:_____ Postal code:_____

Phone:_____ Birthdate:_____

Email:_____

Notes:_____

Alternate Contact Information (required)

Contact Name:_____

Contact Phone:_____

Contact Email:_____

Relationship to Registrant:_____

Your Service Request

Do you have an Oshawa Public Libraries Card? ◯ Yes ◯ No

If yes, card number:_____

Reason for Visiting Library Services Request:_____

Duration of Service: ◯ Permanent ◯ Temporary Duration:_____

Are you able to pick up your items at your Residence's Pop-Up Library table if applicable? ◯ Yes ◯ No

If no, who should deliver your items? ◯ Library Staff Only ◯ Facility staff ◯ Either

Number of items requested per month:_____

(905) 579-6111
oshawalibrary.ca
Oshawa Public Libraries 65 Debwewin Miikan Oshawa, ON L1H 1N2

July 2026

Your Content Interests

Please check all formats that interest you:

- ☐ Regular Print
- ☐ Large Print
- ☐ Audio Book
- ☐ Paperback
- ☐ Magazine
- ☐ DVD
- ☐ DAISY
- ☐ Envoy Connect

Please check all topics that interest you:

- ☐ Adventure
- ☐ Animals
- ☐ Biographies
- ☐ Canadian Fiction
- ☐ Children's Materials
- ☐ Family Sagas
- ☐ Fantasy
- ☐ Historical Fiction
- ☐ Inspirational
- ☐ Mysteries
- ☐ Religion
- ☐ Romance
- ☐ Suspense/Thriller
- ☐ Travel
- ☐ True Crime
- ☐ Westerns

Tell us more about your interests: _____

_____

_____

Who are your favourite authors? _____

_____

_____

What are your dislikes? _____

_____

_____

Oshawa Public Libraries will keep a record of your reading preferences and the library materials you have borrowed to provide better service to you. This list and your personal information are kept confidential and will only be shared with CELA for the purpose of receiving their services in accordance with our Privacy Policy.

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**. It will be used to lend library materials and provide other services in compliance with federal, provincial, and municipal legislation and Oshawa Public Libraries policies and procedures. Questions about the collection of personal information should be directed to **opladmin@oshawalibrary.on.ca**. All registration information is confidential. Information regarding your library use will not be given to any other person or organization, including family members.

- ☐ I agree to be responsible for any loss or damage of library materials delivered to me resulting from this application and agree to abide by all rules and regulations of the Oshawa Public Library Board.
- ☐ I acknowledge that information on this form or items checked out to my account may be shared with resident staff or alternate contacts for assistance with retrieving library items if necessary.
- ☐ I agree to maintain timely and regular contact with Library staff as needed and will notify the Library of any changes.

Signature: _____ Date: _____