

# Library 2 You Home Delivery

Books & More Delivered to Your Door!



## PATRON APPLICATION

Name: \_\_\_\_\_ Male or Female

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Do you use the Internet to access the Library? Yes /No

Alt. Contact w/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Provide a brief description as to why you are requesting "Library 2 You" delivery services:

Homebound Factor:

Permanent Disability \_\_\_\_\_ Temporary Disability \_\_\_\_\_ Illness \_\_\_\_\_ Injury \_\_\_\_\_

If temporary, please list dates you will need our service: \_\_\_\_\_

Is there anything about your house the delivery volunteer should know, i.e., (stairs, locked gates, pets, cigarette smoke, etc?) Yes /No

If yes, explain:

Patron Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that the information on the above application is true and complete. My signature authorizes the St. Joseph/Maud Preston Palenske Memorial Library to verify any of the information on this application. I understand that information contained on my application will be verified and that misrepresentations or omissions may be cause for my immediate rejection as an applicant or my termination as a customer. I assume responsibility for use of all library materials checked out on this card. I waive library volunteers from any liability.