

HOMEBOUND DELIVERY APPLICATION

Last Name _____ First Name _____

Middle Name/Initial _____ Library Card # _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Alternative/Emergency Contact (if available) _____

Address _____ Phone _____

How often would you like delivery? Once a month _____ Twice a month _____

How many items would you like delivered each time? _____

If you would like the Clifton Springs Library to select your items, please complete the following:

What types of materials would you like delivered? (Circle all that apply)

Print Books	Magazines	Books on CD
DVDs	Music CDs	Puzzles

What types of books do you enjoy? (Circle all that apply)

Mystery (Cozy)	Thriller	Western	Fantasy
Science Fiction	Romance	Contemporary Fiction	Young Adult
Historical Fiction	Christian/Amish Fiction	Biography/Memoir	Classics

Nonfiction (please indicate interest(s), ex: cooking) _____

Would you prefer Large Print books if available? Yes _____ No _____

Would you prefer Paperback books if available? Yes _____ No _____

Please list any favorite authors, movies, music, or other preferences that would help us select materials:

By submitting this application, I declare that all information provide is accurate and I agree to the Clifton Springs Library Homebound Delivery guidelines

Applicant's Signature _____ Date _____