

## Homebound Library Services Application

Yes, I am interested in Garrett Public Library's Homebound Delivery Services. I understand that this application is subject to approval by library staff regarding eligibility for Homebound Delivery Services and that approval will allow said services. Upon approval of the application, Garrett Public Library will provide a library card for me with the understanding that I am responsible for damage, or loss of library materials charged to this library card.

Date of application \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Alternate contact name/ relationship and phone:

\_\_\_\_\_  
\_\_\_\_\_

Would you want us to deliver or have a family member/neighbor pick up items?

Office Use Only:

Date Received: \_\_\_\_\_

Approval \_\_\_\_\_ Contacted \_\_\_\_\_

Denial \_\_\_\_\_ Reason \_\_\_\_\_

Scheduled Delivery: \_\_\_\_\_

Library card #: \_\_\_\_\_

First Visitation: \_\_\_\_\_ Survey completed \_\_\_\_\_