

# Home Delivery Service **Application**

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

Apartment complex or facility name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. or Room: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Please provide emergency contact information for a friend or family member, NOT a paid caregiver or care facility staff member.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Which one of these best describes your situation?**

I am primarily homebound and cannot travel to a Library location.

I am temporarily homebound, but expect to regain mobility within \_\_\_\_\_ months.

**With some training, would you be able to use your computer to access the Library's online catalog to place your own holds?** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Your **Preferences**

Please circle the kinds of materials you are interested in borrowing:

### **Books**

Regular Print or Large Print

Non-Fiction or Fiction

### **Audiobooks on CD**

Non-Fiction or Fiction

### **DVDs**

**Magazines**

**Music CDs**

How many items can you finish in one month? \_\_\_\_\_

Tell us about books (movies or music CDs) you love:

List the names of any favorite authors, actors, directors, or musicians:

**Kitsap Regional Library Mobile Services**

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Phone: (360) 405-9123

Email: [mobileservicesstaff@KRL.org](mailto:mobileservicesstaff@KRL.org)