

Home Delivery Service **Application**

Name: _____

Apartment complex or facility name: _____

Address: _____

Apt. or Room: _____

City: _____ Zip: _____

Phone: _____ Birth date: ____/____/____

Email: _____

Please provide secondary 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 check the kinds of materials you are interested in borrowing:

Books

Regular Print
Large Print
Non-Fiction
Fiction

Audiobooks on CD

Non-Fiction
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) 447-5505

Email: homedeliveries@KRL.org