HOMEBOUND DELIVERY SERVICES APPLICATION

MEMBER INFORMATION

NameStreet Address				
City				
			Zip	
Facility Name (if applica	ble)			
Barcode Number (new co	rd leave blank)			
# of Items (20 Max)	Other Authoriz	ed Recipient Name _		
PREFERENCES Please pick items based off my pre CHECK ALL THAT APPLY	from the library for me ferences below		to choose my own items via the Catalog or SWAN Libraries + App	
Format:	Large Print 🗌 Audio	obook 🗆 Mu	sic CD 🗌 DVD	
Fiction:		Nonfiction:		
□ Action/Adventure	□ Horror	Animals	History	
Christian	Mystery	Auto/Biogro	aphy 🗌 Hobby	
Classics	Romance	\Box Cooking	□ Memoirs	
☐ Crime	Science Fiction	Crafting	Poetry	
🗌 Fantasy	Thriller	Fine Arts	🗆 Religious	
Graphic Novels	Western	Gardening	Sports	
Historical Fiction		🗌 Health	🗆 Travel	
			☐ True Crime	
Author(a) you like.				
Author(s) you like:				

By signing below, the applicant understands they are responsible for this card, all materials checked out to it, and any charges that may result from loss or damage of those materials. They authorize the Warrenville Public Library District to record and use information their checkout history for reader's advisory, as well as add a library email to the account to keep track of holds and requests. The applicant further acknowledges this service is for delivery of library items only, and deliveries must be accepted by the applicant or appointed household members.

Signature