



# Home Delivery Application

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

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

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Authorized to get information about account? (Initial) \_\_\_\_\_ Yes \_\_\_\_\_ No

Library Card Number \_\_\_\_\_

\*If you do not have a library card, please apply for one to participate in this service

Do you have a disability that requires accommodation? ☐ Yes ☐ No

I give permission for DeWitt District Library to keep a record of library materials sent to me in order to avoid duplication. The information is kept confidential within the department. I also acknowledge that I am responsible for materials delivered to me through the home delivery program.

**Signature:** \_\_\_\_\_