



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: _____