



7 LIBRARY AVENUE • WESTHAMPTON BEACH • NY 11978
PHONE: 631-288-3335 • FAX: 631-288-5715

Homebound Delivery Service Application

Date: _____

Name: _____

Phone Number: _____ E-mail: _____

Address: _____

Applicant's or Caregiver's Signature: _____

ELIGIBILITY

Please supply a doctor's note to specify the temporary or permanent condition preventing the applicant from coming to the library in person.

PREFERENCES

You may tell us what materials you want or ask a librarian to select your books, or audiovisual materials based on what your preferences are.

List your reading preferences if you would like us to choose for you.

FORMAT

___ Large Print ___ Regular Print ___ Book on CD ___ Playaway

___ DVD ___ Blu-ray ___ Video Games ___ Magazines

Return this application to **Jan Camarda** at the welcome desk or call **288-3335 ext. 125**.