



Otsego County
LIBRARY
otsegoountylibrary.org

Home Services Application

Date of Application: _____

Applicant Information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Email address: _____

Contact Person/Facility Information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone:(Home) _____

(Work) _____

Relationship: _____

Service Preferences: (Choose one from each line)

AM or PM delivery

__ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

Reason for Service Request:

Medical _____

Transportation _____

Other; Please explain _____

Office Use Only:

Date received: _____ Contacted _____

Scheduled Delivery: _____

Library card #: _____

<u>Media Type:</u>	<u>Subject/Genre Fiction:</u>	<u>Subject Non-Fiction:</u>
<input type="checkbox"/> Regular Print	<input type="checkbox"/> Mystery _____	<input type="checkbox"/> Biographies
<input type="checkbox"/> Large Print	<input type="checkbox"/> Western _____	<input type="checkbox"/> Business/Economics
<input type="checkbox"/> Hard Back	<input type="checkbox"/> Romance _____	<input type="checkbox"/> Career/Job training
<input type="checkbox"/> Paperback	<input type="checkbox"/> Sci-Fi _____	<input type="checkbox"/> Computers/Technology
<input type="checkbox"/> Books on CD	<input type="checkbox"/> Religious _____	<input type="checkbox"/> Health/Medical
<input type="checkbox"/> Movie DVD	<input type="checkbox"/> Suspense/Drama _____	<input type="checkbox"/> Government/Politics
<input type="checkbox"/> Music CD	<input type="checkbox"/> Thriller _____	<input type="checkbox"/> Homemaking/Cookbooks
<input type="checkbox"/> Magazines	<input type="checkbox"/> Animal _____	<input type="checkbox"/> Science/Gardening/Nature
<input type="checkbox"/> Youth Materials	<input type="checkbox"/> Classics _____	<input type="checkbox"/> Humor/Entertainment
	<input type="checkbox"/> Adventure _____	<input type="checkbox"/> Poetry/Fine Arts
	<input type="checkbox"/> Family Sagas _____	<input type="checkbox"/> Folklore/Fairy Tales/Occult
	<input type="checkbox"/> Pioneering _____	<input type="checkbox"/> Travel/Adventure
	<input type="checkbox"/> Historical _____	<input type="checkbox"/> Sports/Recreation
	<input type="checkbox"/> Best Sellers _____	<input type="checkbox"/> Psychology/Sociology/Self Help
	<input type="checkbox"/> Short Stories _____	<input type="checkbox"/> History/Local/War
		<input type="checkbox"/> Philosophy/Religion

First Visitation: _____ **Survey Completed:** _____

List some favorite authors/series and the last year you read of that author/series.

Popular materials sometimes include sexual content, violence, and foul language. Would you like us to try to minimize this content in your selections? Would you prefer:

<u>Sexual Content</u>	<u>Violence</u>	<u>Foul Language?</u>
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild
<input type="checkbox"/> O.K.	<input type="checkbox"/> O.K.	<input type="checkbox"/> O.K.

What are your hobbies, interests, and skills?

Please Read and Sign Below:

I am applying for the privilege of borrowing materials from the Otsego County Library Home Delivery Services. I give permission to the Otsego County Library staff to use my library card number to check out materials on my behalf.

Signed _____

I agree that a record of library materials I check out and my reading interests may be retained, with the understanding that my reading history and interests will be kept confidential.

Signed _____

Please Return Application to:

**Otsego County Library
700 South Otsego Avenue
Gaylord, Michigan 49735
(989) 732-5841
(989) 732-9401 FAX**

MTW	9-8
TH, F	9-5
SAT	9-1
SUN	1-5