

BETHEL PUBLIC LIBRARY

189 Greenwood Avenue, Bethel, CT 06801

203-794-8756 Fax 203-794-8761

www.bethellibrary.org



APPLICATION FOR HOME DELIVERY OF LIBRARY MATERIALS

Return this application to Bethel Public Library, ATTN: Home Delivery Service.

Please print or type:

DATE OF APPLICATION: _____

NAME: (LAST) _____ (FIRST) _____ (INITIAL) _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Please provide contact information for someone we may call if you cannot be reached for an extended period.

NAME: _____ TELEPHONE: _____

All recipients of home delivery of Bethel Library materials must be residents of Bethel. Recipients must not have anyone who can pick up or deliver materials to him/her on a regular basis and must meet one or more of the following requirements. Check all that apply:

_____ Physical or mental disability that prevents me from coming to the Library on my own

_____ Illness with minimum recovery period of 2 months

_____ Non-driver age 65 or older

REFERRED BY: _____

Please specify reference: ex. Senior Center Director, Social Services Director, medical doctor, etc.

May not be a member of applicant's family.

Overdue fines are not charged for materials delivered under this program; however, replacement costs will be charged for materials lost and/or damaged while in your care.

I agree to pay for library materials lost or damaged while in my care. I have received copies of the Home Delivery of Library Materials Policy, Procedures and Code of Conduct and agree to abide by them.

SIGNATURE: _____ DATE: _____

FOR STAFF USE ONLY

Applicant approved by Library Director _____ Yes _____ No _____ Date received _____

Library Director's signature _____

Reason for denial _____

Endorsed by the Library Board of Directors _____ May 18, 2015 _____