
SEVILLE TOWNSHIP LIBRARY

Homebound Delivery Application

(Please Print Clearly)

Date of Birth (MM/DD/Year): _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Email: _____

Alternate Contact's Name: _____

Alternate Contact's Phone Number: _____

Eligibility Criteria (Choose One):

- Physical Disability
- Chronic Illness
- Injury or convalescent (For how long? Please describe below)
- Other:

How many books or items would you like to receive in each delivery? *Newly released DVDs are not available, and the 5 DVD limit does remain for this service

I understand that I assume full financial responsibility for the materials I receive. If any materials are lost or damaged, I agree to pay the library the cost of replacing them. Items may not be left outside for staff to pick-up and this will be considered damage to library items. (By signing, you indicate that you agree to this statement.)

Sign Name Here _____

Fiction Interests

- Best Sellers
- Award Winners
- Mystery
- Thrillers (Political/Spy)
- Thrillers (Legal)
- Thrillers (Medical)
- Adventure
- Fantasy
- Romance (Historical)
- Romance (Contemporary)
- Romance (Light)
- Family Saga (Contemporary)
- Family Saga (Historical)
- Classic Literature
- Historical Fiction
- Westerns
- Science Fiction
- Occult/Horror
- Short Stories
- Religious Themes
- Magazines (please specify below)
- Other:

Non-Fiction Interests

- Biographies
- Poetry
- Humor
- Current Events
- Travel
- Health Topics (please specify below)
- The Arts (please specify below)
- Crafts & Hobbies (please specify below)
- Other (please specify below)

Movies (DVD's)

Please describe below:

Other: