

Application for Home Library Service

This service is available for patrons who are unable to physically visit the library due to illness, disability or visual impairment, on a temporary or permanent basis. *Please complete this form as best as you can.*

Full Name

Preferred Name

Library Card Number

Address

Apt #

City

Zip

Phone Number

Email

Do you give the Library permission to keep a record of the books sent to you in order to avoid duplication? Yes No

Signature

Date

Would you be able to provide your own courier to transport these materials?

Yes No

If yes, please provide contact information for that person below.

Courier/Volunteer

Phone #

Email

Dakota County Library will contact you upon receipt of this application, to further discuss your needs.

I am interested in (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Large Print ONLY | <input type="checkbox"/> Audiobooks on CD |
| <input type="checkbox"/> Large Print Hardcover | <input type="checkbox"/> Music CDs |
| <input type="checkbox"/> Large Print Paperback | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Regular Print Hardcover | <input type="checkbox"/> DVDs- Movies or TV series |
| <input type="checkbox"/> Regular Print Paperbacks | <input type="checkbox"/> DVDs- Documentaries |

To help us choose material for you, please share information about your preferences. *Check all that apply.*

FICTION

- Fantasy
- Romance
- Historical
- Western
- Christian
- Suspense
- Mystery
- Science Fiction
- Other _____

NONFICTION

- Sports
- History
- Biographies
- Cooking
- Politics
- Religion
- Crafts/Hobbies
- Art/Music
- Travel
- Current Events
- Gardening
- Health
- Other _____

MUSIC

- Classical
- Pop
- Jazz
- Country
- Other _____

Are you interested in using digital eBooks and audiobooks from the Library?

- Yes
- No

Special information or requests:

Favorite authors:

Favorite actors:

Favorite musicians:
