



# Home Delivery Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized to get information about account? (Initial) \_\_\_\_ Yes \_\_\_\_ No

Library Card Number \_\_\_\_\_

\*If you do not have a library card, please apply for one to participate in this service

Do you have a disability that requires accommodation?  Yes  No

I give permission for DeWitt District Library to keep a record of library materials sent to me in order to avoid duplication. The information is kept confidential within the department. I also acknowledge that I am responsible for materials delivered to me through the home delivery program.

**Signature:** \_\_\_\_\_

## Tell us about Your Interests

Which formats do you prefer? Please check all that apply.

I prefer regular print books  I prefer large print books  I prefer books on CD

Are you interested in materials in addition to books? Please check all that apply.

Movies on DVD What types of movies? \_\_\_\_\_

(continued on page two)

Magazines      What titles or types of magazines? \_\_\_\_\_

Music CDs      What types of music? \_\_\_\_\_

**Please check your favorite reading categories**

**FICTION**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Classics           | <input type="checkbox"/> Inspirational/Christian    | <input type="checkbox"/> Romance (wild)  |
| <input type="checkbox"/> Fantasy            | <input type="checkbox"/> Mystery (cozy/mild)        | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Mystery (thriller, police) | <input type="checkbox"/> Western         |
| <input type="checkbox"/> Horror             | <input type="checkbox"/> Romance (mild)             | <input type="checkbox"/> Other: _____    |

**NONFICTION**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arts, Crafts & Hobbies | <input type="checkbox"/> History            | <input type="checkbox"/> Self-Help            |
| <input type="checkbox"/> Biographies            | <input type="checkbox"/> Michigan History   | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Computers              | <input type="checkbox"/> Music              | <input type="checkbox"/> Sports               |
| <input type="checkbox"/> Cooking                | <input type="checkbox"/> Nature and Animals | <input type="checkbox"/> Travel               |
| <input type="checkbox"/> Fitness & Exercise     | <input type="checkbox"/> Poetry             | <input type="checkbox"/> True Crime           |
| <input type="checkbox"/> Gardening              | <input type="checkbox"/> Religion           | <input type="checkbox"/> Other: _____         |

Please add any other comments including favorite authors and titles or even things you have not enjoyed – anything that could help us choose materials of interest.

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**STAFF NOTES:**