

Coudersport Public Library

Application for Home Delivery of Library Materials

Full Name: _____

Mailing Address: _____

Home Address for Delivery (if different from mailing address): _____

Telephone Number: _____

Preferred time of day for delivery: _____

Reading Preferences:

____ Mystery

____ Romance

____ Western

____ Historical Fiction

____ Nonfiction

_____ (Other- please describe)

Special Needs:

____ Large Print

____ Audiobooks on CD

____ Audiobooks on Cassette

Agreement:

I agree to return all library items by their due date, or to phone the library to request renewal of items. I accept responsibility for all library materials which are checked out to my account and acknowledge that I will replace lost or damaged items, if necessary. I will notify the library of any changes in address or telephone number in a timely manner.

Signature: _____

Date: _____