

# Perry County District Library Home Delivery Application

First and Last Name			
Date of Birth			
Library Card Number	2594700 _ _ _ _ _	<input type="checkbox"/> Do not have a library card	
Physical Address			
Apt/Room Number			
City			
Zip Code			
Is your mailing address the same as above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phone Number			
Email Address			
How do you prefer to be contacted?	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Text Message	<input type="checkbox"/> Email
<p>If you would like to list a secondary contact in the event that we cannot reach you, please fill out their contact information below. The secondary contact will <b>only</b> be used if we cannot reach you and no personal account information will be shared.</p>			
Secondary Contact Name			
Relationship to You			
Phone Number			
Email Address			
<b>Please select the reason that you are requesting Home Delivery Service</b>			
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Permanent illness or condition		
<input type="checkbox"/> Disability	<input type="checkbox"/> Caregiver responsibilities		
<input type="checkbox"/> No Transportation	<input type="checkbox"/> Temporary illness or condition*		
<input type="checkbox"/> Other:	*Estimated recovery date if temporary: _____		
<b>Please do not forget to sign and date this application on the next page</b>			

Please read the statements below and check the boxes to indicate that you agree.

- I am a Perry County resident and I wish to enroll in the Perry County District Library's Home Delivery Service.
- I have read the Home Delivery Policy and agree to abide by its terms and conditions.
- I agree to notify the library of any changes to name, address, or contact information.
- I agree to allow the library to maintain an item charge history.
- I will ensure that I or a designated person will be available to accept delivery or have an acceptable area where delivery items will not be left out of doors/exposed to the elements.
- I have filled out the Interests Form to return with my application.
- I understand that I am responsible for payment of late fines and costs associated with lost or damaged items and Home Delivery bags.

Please verify that the information provided in this application is correct before signing and dating below.

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Home Delivery Applicant's Signature

Date

Please return this application to your nearest Perry County District Library branch or mail to:

Outreach Services  
Perry County District Library  
117 S. Jackson St.  
New Lexington, OH 43764

A member of outreach services will be in contact regarding your application as soon as possible. Please call 740-342-4194 and ask to speak with the outreach department if you have any questions.