

McIntosh Memorial Library Home Delivery Application

Participant:

Name: _____

Address: _____

County/Township: _____

Birthdate: _____

Telephone: _____

Email address: _____

Alternate/Emergency Contact Person:

Name: _____ Telephone: _____

Relationship: _____

Authorized to get information about this account? (Initial) _____ Yes _____ No

Responsibilities of Program Participant:

I understand I am responsible for payment for lost or damaged items

Someone will accept my materials upon delivery if I am not able to, they will not be left out of doors/exposed.

I will notify the library of any change of address

I will notify the library if I choose to discontinue using the home delivery service.

Signature: _____

Date: _____

Staff use only

Barcode _____ Notes _____

New/Renewal card _____ Staff Initial _____