

# NORTH BRANFORD PUBLIC LIBRARIES

**Atwater Memorial Library**  
1720 Foxon Road  
North Branford, CT 06471

**Edward Smith Library**  
3 Old Post Road  
Northford, CT 06472

## Application for Homebound Delivery Service

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

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

City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact:      Email      Phone

Library Card #: \_\_\_\_\_

Reason for requesting this service:

Disability that permanently prevents me from coming to the library on my own

Disability that temporarily prevents me from coming to the library on my own

Do not drive

Resident of a nursing facility

Contact person [optional]:

You may appoint someone to contact the library on your behalf and access your library information.

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

### Please read and sign below:

I am applying for the homebound delivery service provided by the North Branford Public Libraries. I give permission for the staff of the North Branford Public Libraries to retain and use my library card to check out materials for me. I acknowledge that I am responsible for materials delivered to me through the Homebound Delivery Service. I am homebound and unable to visit the library due to health reasons and/or disability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_