

**HOMEBOUND DELIVERY REQUEST  
L.D. FARGO PUBLIC LIBRARY**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_

**Back-up Name and Phone Number (if I you can't be reached  
for extended time )**

\_\_\_\_\_  
**Best Days of Week for Delivery** \_\_\_\_\_

**Types of Materials Interested in: Regular Print Books** \_\_\_\_\_

**Large Print Books** \_\_\_\_\_ **Audio Books** \_\_\_\_\_

**DVD's** \_\_\_\_\_

**I wish the Library staff to pick out items for me -**

**State areas of interest** \_\_\_\_\_

\_\_\_\_\_  
**Or - I will call the Library with my selections**

\_\_\_\_\_ **@ 920-648-2166**

**I \_\_\_\_\_, give permission for the  
Homebound Delivery Program of the Lake Mills Public  
Library to check out materials for me.**

**I will be given a receipt of the materials checked out on my  
card upon delivery of my requests.**

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

\_\_\_\_\_  
**Date**