SAN DIEGO PUBLIC LIBRARY APPLICATION FOR HOMEBOUND SERVICES

Please Print or type:	
Name	Date
Address	
City	ZipCode
Telephone	Branch Library
Library card number	
unable to visit the library due to physical il that are able to provide this service. Libra	nd Service provides library materials to patrons who are Iness or disabilities, and who do not have family or friends Iry-by-Mail provides services to those homebound patrons that they are unable to read standard size print.
Indicate why you are requesting home	bound services:
physical illness or disability	
□ other immobility	
□ Check box is you have significant vis services.	sual impairment and are requesting Library-by-Mail
	ted service. I have been informed of, understand, and agree ad library services. I declare the above information is true and
Signature	Print Name
******	*****
	octor, Nurse, Librarian, Social Worker). I certify the applicant r immobility rendering the applicant immobile for purposes of e, significant visual impairment.
Print name of certifying authority	Signature of Certifying Authority
Title/Occupation	
Address (Street)	
	Zip code:

Date:	Telephone (Daytime)
SAN DIEGO PUBLIC LIBRARY HOMEBOUND SERVICES - PATRON PROFILE	
Name	Date Service Started
Address	
City	Zip Code
Telephone	Branch Library
How many items would y	you like to receive each month?
List any favorite authors	you might have:
Are there any books you	have particularly enjoyed recently?
Here are some popular f Romance Suspense Romantic Suspense Mystery Historical Novels Westerns History (non-fiction)	BiographiesPoetryTravelAnimals/NatureCookbooksSports
Other special interests:_	
Interested in DVD	obooks. ic on compact disc.
are responsible for all ite	
l understa	and that I am responsible for all items checked out to me
Signature	Print Name