SAN DIEGO PUBLIC LIBRARY
APPLICATION FOR LIBRARY-BY-MAIL SERVICES

Please Print or type:

Name______________________________________ Date_____________________

Address______________________________________________________________

Number   Street Name   Apt/Space #

Email Address__________________________________________________________

City__________________ Zip Code_________ Telephone______________________

ID # or Library card number______________________________________________

The San Diego Public Library’s Homebound Services provides library materials to patrons who are unable to visit the library due to physical illness or disabilities, and who do not have family or friends that are able to provide this service.

Indicate why you are requesting Homebound services:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Library-By-Mail service is provided to homebound patrons with significant visual impairment (persons whose visual disability, with correction and regardless of optical measurement, is certified by a competent authority as preventing the reading of standard printed material).

Indicate why you are requesting Library-By-Mail service: (Check all that apply)

_____ I am homebound _____ I have significant visual impairment, as stated above

(See other side to complete form)
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I will be responsible for all materials borrowed on my library card. I understand that there is a charge for lost, damaged & stolen material.

I agree that the information I have provided is true and that I have been informed of and understand the rules and procedures for Library-By-Mail library services.

Signature__________________________________________

Name_____________________________________________ (Print)

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To be completed by certifying authority (Doctor, Nurse, Librarian, Social Worker). I certify the applicant has the disability described above, making them eligible for Homebound and/or Library-By-Mail service.

______________________________
Print name of certifying authority

______________________________
Signature of Certifying Authority

______________________________
Title/Occupation

Date: __________ Telephone (Daytime) ________________________