



Washoe County Library System Homebound Delivery Enrollment Form

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

EMAIL (if applicable): _____

LIBRARY CARD NUMBER: _____

I do not have a library card

Preferred Format

(select all that apply):

- Regular print books
- Large print books
- Paperbacks
- Movies-DVD
- Movies-Blu-Ray
- Books on CD
- Music CDs

Personalized Reading Profile:

FICTION:

- General Fiction
- Mysteries
- Sci Fi/ Fantasy
- Romance
- Westerns
- Historical

NON-FICTION:

- Biography
- Science/Nature
- Health
- History
- Music/Art
- Gardening/DIY
- Sports
- Religion
- Philosophy
- Travel
- Cooking
- Graphic Novels

FAVORITE AUTHORS/OTHER: _____

Questions? Comments? Need something ordered?

Just let us know!

Email: wclshomebound@washoecounty.gov

Phone: 775-352-3205

Website: washoecountylibrary.us/homebound

RESPONSIBILITIES OF PROGRAM PARTICIPANT:

- I understand that 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 the door/exposed.
- I will notify the library of any change of address

By signing this form, I certify that the information on it is accurate to the best of my knowledge. I agree to the above guidelines of the Home-bound Delivery Program and understand that I am responsible for any materials borrowed with my library card.

SIGNATURE: _____ DATE: ___/___/___