

KASSON PUBLIC LIBRARY
Application for Delivery Service

You must live within a 3-mile radius of the library.

NAME - First: _____ Last: _____

Address - Street: _____

City/State/Zip: _____

Phone : _____

Email address: _____

Library card number: _____

Reason for requesting delivery service: _____

When would you like delivery to start? _____

What is the best day of the week for delivery? _____ The best time of the day? _____

Select **one**: _____ I will order my books online _____ The library staff should choose my books

Please fill out **ONLY** if you want the library staff to choose for you:

*Do you require books in large print? _____

*If the book you'd like is NOT in large print, would you accept regular print? _____

*How many books would you like delivered every 2 weeks? _____

*Who are your favorite authors and your favorite types of books? _____

I am requesting delivery service from Kasson Public Library. I agree to:

- Return all books and other items.
- Pay for any lost or damaged items.
- Provide a safe environment for a library volunteer to deliver my items.

I understand the library has the right to terminate this service at any time. Delivery is dependent upon the availability of volunteers and lack of inclement weather.

Signed (name): _____

Date: _____