

Goodwin Memorial Library Home Delivery Application

hadleylibrarydelivery@gmail.com (413) 584-7451

Name _____

Address _____

Telephone Number _____

Email Address _____

Library Card Information

____ I have a library card. My number is: _____

____ I don't have a library card, but I would like to get one.

Authorized/Emergency Contact Person (optional)*

Name _____ Telephone _____

Relationship _____

Authorized to get information about your account? (Initial) _____ Yes _____ No

[* The named contact person is someone with whom we can communicate in order to coordinate requests, delivery, and return of library materials should you become unable contact the Library due to health or other circumstances.]

Participants in the *Home Delivery Program* must be residents of Hadley. Also, they must meet one or more of the following requirements (check all that apply):

____ Disability that permanently prevents me from coming to the library on my own

____ Disability that temporarily prevents me from coming to the library on my own

____ Do not drive

____ Resident of a nursing facility

I wish to enroll in the *Home Delivery Program* at Goodwin Memorial Library. I understand that I am responsible for payment of lost or damaged items.

Signature: _____

Date: _____

Return the completed form to Goodwin Library, 50 Middle Street, Hadley, MA 01035 or by email to hadleylibrarydelivery@gmail.com