



FEDERATED LIBRARY SYSTEM *of* BEDFORD COUNTY

Home Delivery Application

Name of Patron:

Date of Application: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Do you have a library card? Yes No

Reason for Home Delivery Need: _____

In House Use Only

Signature of Approval: _____

Date of Approval: _____

Day/Time for Delivery: _____