



# FEDERATED LIBRARY SYSTEM *of* BEDFORD COUNTY

## Home Delivery Application

**Name of Patron:**

\_\_\_\_\_

(First)

(Last)

**Date of Application:** \_\_\_\_\_

(MM/DD/YYYY)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Apt. #:** \_\_\_\_\_ **P.O. Box:** \_\_\_\_\_

**Do You Have a Library Card? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Reason Applying for Home Delivery:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Staff Use Only

**Signature of Approval(Director):** \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

**Date of Delivery:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Time)

(Week)

(Day)