



# Visiting Library Services Application Form

*(Please print clearly)*

Name *(First, Last)*: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have an Oshawa Public Libraries card?  No  Yes, card # 29364 \_\_\_\_\_

Reason for request: \_\_\_\_\_

Duration of service:  Permanent  Temporary, duration requested: \_\_\_\_\_

Formats:  Regular Print  Large Print  Paperback  Audio Book  DVD  DAISY  
 Music CD

Number of items requested each month: \_\_\_\_\_

Please check all topics of interest to you:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Adventure          | <input type="checkbox"/> Family Sagas       | <input type="checkbox"/> Medical Thrillers | <input type="checkbox"/> Suspense/Thriller |
| <input type="checkbox"/> Animals            | <input type="checkbox"/> Fantasy            | <input type="checkbox"/> Mysteries         | <input type="checkbox"/> Travel            |
| <input type="checkbox"/> Biographies        | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Religion          | <input type="checkbox"/> True Crime        |
| <input type="checkbox"/> Business/Economics | <input type="checkbox"/> Historical Romance | <input type="checkbox"/> Romance           | <input type="checkbox"/> War               |
| <input type="checkbox"/> Canadian Fiction   | <input type="checkbox"/> History            | <input type="checkbox"/> Science           | <input type="checkbox"/> Westerns          |
| <input type="checkbox"/> Christian          | <input type="checkbox"/> Inspirational      | <input type="checkbox"/> Sports            | <input type="checkbox"/> Child (age) _____ |

Other interests: \_\_\_\_\_

Favourite authors: \_\_\_\_\_

Dislikes: \_\_\_\_\_

*(Please identify any material you don't want to receive. For example: strong language, violence)*

## STAFF USE ONLY:

Date Service Began: \_\_\_\_\_  
                                  DD        MM        YY

Pick-up Location:  McL  JH  NV  LC  Home Delivery