



I am a resident of the Herrick District Library service area and am currently unable to visit the library or any of its branches due to illness, disability, or advanced age.

LIBRARY SERVICES REGISTRATION FORM

* **Name**

First Last

* **Address**

Street Address

Address Line 2

City

Zip Code

* **Phone Number:** _____

Email: _____

* **Date of Birth:** _____

Month (MM) Day (DD) Year (YYYY)

Emergency Contact Information

This is someone we can contact if we have an issue with your account if you are not able to be reached.

* **Name :** _____

* **Relationship to You:** _____

* **Phone Number:** _____

Email: _____

SELECTION PREFERENCES

PRINT SIZE

(Check all that apply)

- Large Print Books
- Standard Print Books

TYPES OF BOOKS DESIRED

- Fiction
- Non-Fiction

GENRE

(Check all that apply)

- Inspirational
- Romance
- General Fiction
- Fantasy
- Science Fiction
- Other _____

I DON'T LIKE

(Check all that apply)

- Profanity
- Explicit Content
- Gore
- Other _____