



Homebound Delivery / Proxy Borrower Services Agreement

Patron Name: _____

Address: _____

Phone Number: _____

Library Card Number: _____

I, _____, authorize a representative of the Library to
(Patron Name)

check out and return materials on my behalf and deliver them to my home as scheduled.

If I am not home at the time of delivery, I authorize Library staff to leave materials at the following location: _____

_____.

Please allow the following individual (friend, family member) to pick up materials on my behalf:

Name _____

Relation to you _____

Library Card Number _____

Participant Signature: _____

Date: _____

Please submit this form to the Library in person or by mailing to 3609 Grand Boulevard / Brookfield, IL 60513. A librarian will contact you to schedule your first delivery. Thank you for your interest in Homebound Delivery.

Staff Use Only

Patron reading interests/preferences

Copy of form to Circulation Desk _____

Notes made on Log.xls sheet _____