Minot-Sleeper Library
Home Delivery Request Form

By completing this form, I understand that this application is subject to approval by Library staff. If my application is approved, the Library will provide me with a Library card with the understanding that I am responsible for the damage or loss of materials borrowed with this card. For assistance or if you have questions, call the Library at 603-744-3352.

Your Information
First name: ___________________________________________
Last name: ___________________________________________
Physical home address: ___________________________________________
Phone number: ___________________________________________
Email address: ___________________________________________

Emergency/Secondary contact (if we cannot reach out either at the library or during a delivery):
Contact Name: ___________________________________________
Relationship: ___________________________________________
Home Phone: ___________________________________________
Work Phone: ___________________________________________
Cell Phone: ___________________________________________
Deliveries
I would like deliveries to begin (check one):
_____As soon as possible
_____On the following date: ___/___/_____

I will no longer need these services at the following date (if applicable): 
__/__/___

I would prefer deliveries at this day/time (example: Monday mornings before 11am):
First preference: ________________________________
Second preference: ________________________________
Third preference: ________________________________

I would like deliveries (check one):
_____ Weekly
_____ Every other week
_____ Every three weeks
_____ Once per month
_____ Other _____________________________________

Library Materials Preferences
Preferred format (check all that apply):
_____ Regular Print
_____ Large Print
_____ Audiobook on CD
_____ Magazines
_____ DVDs (movies and documentaries)

Choosing materials (check all that apply)
_____ I would like to choose all titles
_____ I would like to choose some titles but also have the library staff help me choose titles
_____ I would like to have the staff choose all titles for me based on my interests below.
Please check all the genres below that interest you.

**Fiction**
- [ ] General Fiction
- [ ] Christian Fiction
- [ ] Historical Fiction
- [ ] Romance
- [ ] Mystery
- [ ] Thrillers
- [ ] Other ____________________
- [ ] Cozy Mystery
- [ ] Horror
- [ ] Science Fiction
- [ ] Fantasy
- [ ] Graphic Novels

**Nonfiction**
- [ ] Biography/Memoir
- [ ] U.S. History
- [ ] World History
- [ ] Politics
- [ ] Religion
- [ ] New Hampshire/Local
- [ ] Business
- [ ] Technology
- [ ] Adventure
- [ ] Other: ____________________
- [ ] Sports
- [ ] Cooking
- [ ] Poetry
- [ ] Travel
- [ ] Art/Crafts
- [ ] Health
- [ ] Science/Nature
- [ ] Animals

Specifics for the selections above: ________________________________________

List favorite authors, titles, or series: ________________________________________

By signing below, I certify that I meet the definition of homebound defined as “being generally confined to the residence either temporarily, due to illness or accident, or permanently, due to age, disability or other mobility problems” and agree to abide by the home delivery agreement set forth by the library.

Signature: ____________________________________________
Date: ____________________________________________