

FRANKENMUTH WICKSON DISTRICT LIBRARY

359 S. Franklin St. Frankenmuth, MI 48734 989-652-8323 wicksonlibrary.org

Application for Home Delivery

Name:		
Address:		
Telephone Number	Text Messaging:	
Email Address:		
I have received a copy of the L specified therein. Initials:	ibrary Home Delivery Policy and agree to comply with the rules	
District Library, their employe	by agree to hold harmless and release the Frankenmuth Wicksones, representatives, and agents from any loss, liability, claim, suit, for in conjunction with the Home Delivery Service.	or
I understand that I may becon	e ineligible for this program if I do not abide by the rules set forth	۱.
Signature:		_
Type of Service:		
Temporary Delivery	Expected End Date	
Permanent Delivery		
Person to Contact in case we	an't reach you:	
Name:		
Phone Number		

Please turn over to fill out the reading interest questions.

Materials Interest: Regular Print Hardcovers_____ Magazines_____ Large Print Books_____ Children's Items Movies_____ Audiobooks CDs_____ **Genres Preferred:** Best Sellers:_____ Biographies_____ Christian Fiction_____ True Crime_____ Fantasy Fiction:_____ History_____ Cookbooks_____ Historical Fiction_____ Science Fiction_____ Arts/Crafts_____ Suspense_____ Other Non Fiction: Mysteries_____ Romance_____ Westerns____ Other Fiction_____ Favorite Authors:_____ Favorite Magazines: Favorite Movies

Can w	e keep a list of y	your checked	d-out materials to	ensure we are	not duplicating	items being sent to
you?	Yes	_ No	Initials			