



Homebound Delivery Application

Complete and return to: Homebound Delivery
Salem Public Library
370 Essex Street
Salem, MA 01970

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Salem Public Library card number _____

Eligibility:

Are you a Salem resident? Yes No

Are you able to visit the Salem Public Library? Yes No

Do you have a short term or long term disability? Yes No

Please tell us about the circumstances that prevent you from visiting the library:

Please read and sign below.

I am applying for the Salem Public Library homebound delivery service. I give permission for library staff to check materials out on my library card. A record of check outs may be kept by staff and will remain confidential. I will be responsible for all materials checked out on my card.

Signature _____

Date _____