



Application for Homebound Library Service

If you can not e-mail this form, please print and mail or drop off at the library.
OL-PGN Library - 2 Library Lane, Old Lyme, CT 06371

Name: _____

Street Address: _____

City: _____ Zip Code: _____

Additional information about deliveries (i.e. "Use side door") _____

Best time of day to make deliveries: _____ AM PM

Telephone: _____

Email: _____

Do you have a current library card? Yes No

Name of a person to contact if you cannot be reached for an extended period:

Name: _____ Telephone: _____

1. What would you like for your first selections (author, genre or specific title)?

2. Do you have any favorite author(s) If so, please list them: _____

3. What do you like to read? Fiction, Non fiction, Biography?

Please be assured that all library records (including this form) are confidential and cannot be released to anyone other than the person they pertain to. None of the information gathered here will be disclosed or released to any third party without a court order.