

# CANTON PUBLIC LIBRARY

www.cantonpubliclibrary.org

## HOME DELIVERY OF LIBRARY MATERIALS PROGRAM ENROLLMENT FORM

Return this form to:

Canton Public Library  
40 Dyer Avenue  
Canton, CT 06019  
ATTENTION: Reference Librarian

Please type or print clearly

DATE OF ENROLLMENT: \_\_\_\_\_

NAME (Last, First, Initial): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Participants in the *Home Delivery of Library Materials Program* should be residents of Canton, although exceptions may be made by the library staff. Also, they must meet one or more of the following requirements (check all that apply):

\_\_\_\_\_ Disability that permanently prevents me from coming to the library on my own

\_\_\_\_\_ Disability that temporarily prevents me from coming to the library on my own

\_\_\_\_\_ Do not drive

\_\_\_\_\_ Resident of a nursing facility

Please give the name of a person to be contacted if you cannot be reached for an extended period:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I wish to enroll in the Canton Public Library's *Home Delivery of Library Materials Program*. I have received a copy of the program's brochure and agree to abide its terms.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_