



# New Milford Public Library

24 Main Street  
New Milford, CT 06776  
(860)355-1191

## Application for Homebound Services

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

New Milford Library Card Number \_\_\_\_\_

Format Desired (Check all that apply)

Large Print Books  Regular Print Books  Books on CD  DVDs

Puzzles  Other (describe) \_\_\_\_\_

List some favorite books/authors/series/genres you enjoy:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the library's Homebound Policy. I affirm that I do not have access to the library through other means. I hereby apply for such services and agree to be responsible for damage or loss of borrowed library materials.

Signature \_\_\_\_\_

Date \_\_\_\_\_