

Lafourche Parish Public Library

HOMEBOUND DELIVERY APPLICATION

Date: _____ **Check One:** ___Adult ___Teen ___Child

Name: (please print) _____

Street Address: _____

Telephone number: _____

Email address: _____

Library card number: _____

Local Library Branch: _____

Emergency contact: _____

Emergency contact phone number: _____

Please check the types of materials you prefer:

Hardcover books ___ Paperback books ___ Magazines ___
Large print books ___ Music CD's ___
Books on CD ___ DVDs ___

Please select the type of books you like to read:

Fiction:

___Adventure ___Short Stories ___Horror
___Best Sellers ___Family sagas ___Mystery
___Fantasy/Sci-Fi ___Crime/Detective ___Romance
___General fiction ___Spy/Espionage ___Humor
___Gothic fiction ___Christian fiction ___Western
___Historical fiction ___Classic novels ___Other (if so, please list)

Nonfiction:

___History ___Travel ___Business
___Biography ___Philosophy ___Poetry
___Health/Exercise ___Gardening ___Crafts
___Humor ___Music ___Cooking
___Louisiana history ___Science ___Computers
___Government/Law ___Religion ___True Crime
___Stage/Movies ___Pets/Animals ___Other (if so, please list)
___Psychology, Self-help ___Sports

Favorite Authors

– Staff Use Only –

Staff member _____

Home Delivery

Date Delivered:

Pickup

Date Picked up:

Pickup Information:

Name: (please print) _____

Telephone number: _____

Notes: