



Central Islip Public Library Homebound Annual Agreement

Name: _____

Birthdate: __ - __ - ____ Library Card #: _____

Address: _____ Apt.#: _____

Telephone: _____ Mobile: _____

Email Address: _____

I hereby declare that I am eligible for the Homebound Mail Service in order to receive the Library's materials by mail. By signing this agreement, I acknowledge that I am unable to leave my residence in order to come into the library due to a temporary or permanent disability and do not have anyone who can pick up and return the library's materials. I agree to inform the Homebound Librarian if, or when, my disability status ends. I acknowledge that I must return items in a timely manner and that I am responsible for any lost, late, or damaged items, which may result in fines or suspension of service. I give library staff permission to check out materials on my behalf, record my checkout history, and maintain a list of my preferred reading materials with the understanding that all of my information will be kept confidential.

Signature: Self Guardian/Designated Signer

 Sign: _____ Date: _____