

REQUEST FOR HOMEBOUND SERVICE

Date: _____

Name: _____

Phone #: _____

Address: _____

Birthdate: _____

Alternate contact person: _____ Relationship: _____

Phone #: _____

Address: _____

Please explain the circumstances which prevent you visiting the library:

- My own poor health or disability prevents my leaving home
- Responsibility for another family member with poor health or disability requires my constant presence at home
- There is not a driver in the household
- Other: _____

Thank you for sharing this information with us. If you have any questions, please call the Randolph County Public Library, Extension Services Department, at 318-6816.

Please mail this form to: Randolph County Public Library
 Extension Services Department
 201 Worth Street
 Asheboro, NC 27203

When receive your form, we will call you to discuss options for providing library materials to you on a regular schedule.