

Home Delivery Sign-up Form

Use this form to register for Marlborough Public Library's Home Delivery service. Please leave your completed form at the main desk at your facility for library pickup or mail it to:

Marlborough Public Library
Attn: Home Delivery
35 West Main Street
Marlborough, MA 01752

After we receive your form, we will call you to discuss how to order, receive, and return items through the Home Delivery program.

***Please allow 1-2 weeks for your first home delivery.** If you have items currently on hold that you would like delivered, please contact the library at 508-624-6900 x 2

CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

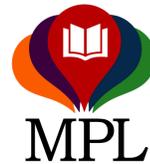
Library Card #: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

*If you need to register for a library card, please call the Marlborough Public Library at 508-624-6900 x 2.

Home Delivery Sign-up Form (continued)



FORMAT PREFERENCES

- I can read normal print.
- I have difficulty reading normal print and prefer large print books.
- I can read large print books only.
- I listen to books on CD or Playaway.

READING INTERESTS - Check all that apply

Favorite authors: _____

- | | |
|---|--|
| <input type="checkbox"/> Contemporary Best Sellers | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Beach Reads | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Literary Fiction | <input type="checkbox"/> Horror |
| <input type="checkbox"/> Mysteries (classic, cozy, police procedurals, gothic) | <input type="checkbox"/> Biographies/Memoirs |
| <input type="checkbox"/> Thrillers (legal, international/spy, other) | <input type="checkbox"/> General Nonfiction (specify subjects of interest) _____ |
| <input type="checkbox"/> Westerns | _____ |
| <input type="checkbox"/> Historical Fiction (specify period/locale, such as ancient world, Colonial America, WWII, other) _____ | _____ |
| <input type="checkbox"/> Romance (historical, contemporary, paranormal, fantasy) | <input type="checkbox"/> Other genres _____ |
| | _____ |
| | _____ |

I give the library permission to keep a record of my checkout history for material selection purposes.

Name: _____
Signature: _____
Date: _____