

HOME DELIVERY USER FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Additional Contact: _____ Phone: _____

BEST TIME WE CAN REACH YOU: _____

DELIVER MATERIALS TO: FRONT DOOR _____ FRONT DESK _____

OTHER (Please specify) _____

NUMBER OF ITEMS YOU WOULD LIKE EACH MONTH: _____

Is it ok if we capture your reading history for selection purposes?: _____

TYPES OF MATERIALS YOU WOULD LIKE

Total

_____ **MUSIC CD'S** GENRE _____

AUTHOR/COMPOSER/SINGER _____

_____ **DVD'S** GENRE _____ TV SERIES _____

_____ **MAGAZINES** GENRE _____

TITLE(S) _____

_____ **BOOKS:** Regular Print _____ Large Print _____ Books on CD _____ Paperbacks _____

FICTION: Classics _____ Science Fiction _____ Romance _____

Fantasy _____ Suspense _____ Mystery _____

Please list specific Authors: _____

_____ **NON-FICTION:** GENRE/SUBJECT _____

Patron Log

Date	