

**CARVER COUNTY LIBRARY
APPLICATION FOR HOMEBOUND SERVICES**

Please fill out this form and return to:

**Tari Clay
Library Administration
4 City Hall Plaza
Chaska, MN 55318**

Name: _____ Date: _____

Street Address: _____

City: _____ Telephone: _____

Email Address: _____

Library Card Number: _____

READING INTERESTS

Fiction Materials: _____ Non-fiction Materials: _____

Arts/Crafts: _____ Mysteries: _____ History: _____ Technology: _____

Biographies: _____ Romance: _____ Westerns: _____ Science Fiction: _____

Other: _____

List favorite authors or books you have read: _____

What format of library materials do you prefer?

Regular Print: _____ Large Print: _____ Magazines/Periodicals: _____

Books on CD: _____ DVD: _____ Music CDs: _____

Additional information: _____

Do you know someone willing to bring you library materials?

Are you unable to visit a library because of: Visual impairment: _____

Disability: _____ Illness: _____ Other: _____

Signature: _____ Date: _____

Call Tari at 952-227-7609 if you have questions.