



Watertown Public Library Home Delivery Service Application

Full Name _____

Address _____

Phone _____ Email _____

Alternate Contact Name: _____

Alternate Contact Phone: _____

Format of printed material desired:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Regular Print books | <input type="checkbox"/> Paperbacks |
| <input type="checkbox"/> Large Print books | <input type="checkbox"/> Magazines |

Other material formats available:

- | | |
|---|--|
| <input type="checkbox"/> DVD Feature Film | <input type="checkbox"/> DVD Non-Fiction |
| <input type="checkbox"/> Audio book on CD | <input type="checkbox"/> Classical Music CD |
| <input type="checkbox"/> Christian Music CD | <input type="checkbox"/> Country Music CD |
| <input type="checkbox"/> Opera Music CD | <input type="checkbox"/> Popular Music CD |
| <input type="checkbox"/> Jazz or Blues Music CD | <input type="checkbox"/> Broadway/Movie Music CD |

Fiction Reading Preferences

Please Circle

General Fiction	Adventure
Science Fiction	Mystery
Christian Fiction	Westerns
Romance	Fantasy

Non-Fiction Reading Preferences

Please Circle

Arts	Biography
Computers	Cooking
Crafts/Decorating	Crime
Gardening	Health
History	Nature

The following information will be very helpful to us in giving you the best possible service.

Approximately how many items would you like delivered each month? _____

Please list some your favorite authors/artists: _____
