

Staff Initials: _____

BC#: _____

SEMINOLE COUNTY PUBLIC LIBRARY SYSTEM

Application for Homebound Mail Service

**Homebound Mail Service
Seminole County Public Library
215 N. Oxford Rd.
Casselberry, FL 32707**

Please print or type:

First Name _____ Last Name: _____

Mailing Address _____

Town/City _____ Zip Code _____

Telephone _____ Email: _____

Signature _____ Date: _____

To Be Filled Out by Physician, Nurse, Social Worker:

I consider _____ physically unable to travel to the library.

Signature _____ Address _____

Telephone# _____ Employer _____

If disability is temporary, please estimate length of time _____