

Homebound Mail Service Application

SEMINOLE COUNTY PUBLIC LIBRARY

ATTN: Homebound Mail Service

215 North Oxford Road, Casselberry, FL 32707

407-665-1500 (FAX-407-665-1512)

Thank you for your interest in the Homebound Mail Service. Please complete entire form, have it certified by a qualified authority, if applicable, and return to above address or your local branch.

Please Print:

Name: _____
Last First Middle

Address: _____
Street City

_____ Zip Date of Birth

Phone: _____ Email: _____

Preferred method of contact:

Email Phone Seminole County Library Card # _____

___ I want to return my items **BY MAIL**. Return postage and mailing tape will be enclosed.

___ Items will be returned **IN PERSON** by myself or someone of my choosing.

I will receive notice when my items become available and are being processed for mailing. I understand that I am responsible for returning items. This service will expire if not used during a one-year time period.

Signature: _____ Date: _____

To be filled out in cases of illness or disability by Health Care provider or Social Services provider: (Seniors 80 years and older are exempt from completing this portion of the form)

I consider _____ homebound and physically unable to travel to the library.

Name: _____ Title/Occupation: _____

Address: _____ Phone: _____

Permanent ___ Temporary ___ **If temporary, please estimate length of time:** 3 mo 6 mo

Signature _____ Date _____