Blackstone Public Library Home Delivery Application Form

NAME:	
LIBRARY CARD #:	
ADDRESS:	Blackstone, MA 01504
PHONE NUMBER:	home
ALTERNATE PHONE:	cell
EMAIL:	
A Blackstone resident, who has residence, qualifies for the Libra	a permanent or temporary disability, and/or is confined to his/her ry Home Delivery Program.
What types of materials are yo	ou interested in?
(check all that apply)	Do you have any favorite authors?
Regular Print Books	
Large Print Books DVDs	
Audio Books	
Music CDs	
Magazines	
List Magazine Titles you mig	ght enjoy:

SERVICE PLAN: Circle one (1)

- Request Only: Send only the library materials that I select by title
- Readers' Advisory: Send your selections for me AND my title requests

READING PROFILE

Circle your favorites from the list below ONLY if you would like us to select titles for you.

Mystery-Private Detective Mystery – Amateur Sleuth Mystery – Policy	000-099 General Works 100-199 Philosophy 200-299 Religion (denomination)	
Thriller – Political/Spy Thriller – Psychological	300-399 Social Sciences 400-499 Language (please specify)	
Thriller – Legal Thriller – Medical Adventure – Suspense Romance – Contemporary Romance – Historical Romance – Gothic Romance – Light Classics Literary /Award Winners Historical Fiction Westerns Science Fiction	500-599 Pure Sciences 600-699 Technology 700-799 The Arts 800-899 Literature 900-999 Geography & History Cooking: Crafts and Hobbies: Sports: Other Interests:	
	hat the information is accurate. I agree to Delivery Program. I understand that I am	
SIGNATURE:	DATE:	