

Date		
Date		

McMinnville Public Library Homebound Application

Last Name	First Name	Middle initial	Telephone
Caregiver name, if applicable		Caregiver telephone	
Street Address		Assisted Living Resider	nce Name, if applicable
City	State	Zip code	
Male Fema	le Birth date	End date of temp (Optional)	oorary service
and therefore req	to age, physical handicap on the Mc	or disability, to make the trip Minnville Public Library Hom	
and therefore req Program. Signature: I am responsible books that are lo	uire the services of the Mc	Minnville Public Library Hom to me by the Public Library, ut to me.	nebound/Outreach
and therefore req Program. Signature: I am responsible books that are los Signature: I agree to allow the	for the materials delivered st while they are checked o	Minnville Public Library Hom to me by the Public Library, ut to me. access my reading history voviding better library service	and agree to pay for
and therefore req Program. Signature:	for the materials delivered st while they are checked on the Outreach Coordinator to PAC, for the purposes of pro-	Minnville Public Library Hom to me by the Public Library, ut to me. access my reading history voviding better library service	and agree to pay for via the McMinnville