

Application for Homebound/Books by Mail Program

Mastics-Moriches-Shirley Community Library
407 William Floyd Parkway
Shirley, New York 11967-3492
631-399-1511, ext. 1016

Name _____

Address _____

Telephone Number _____

Alternate phone number-relative, neighbor _____

Signature _____ Date _____

Library Card Number (we will fill this in for you)

This will give permission for a library staff member, the majority of the time being Ellen Campbell, to use your Library card number in the computer system to check out Library materials for you.

The following is to be completed by a Certifying Authority (Physician, nurse, social service employee, home aide or minister).

I certify that the applicant named above is homebound, unable to visit the library due to a temporary or permanent illness or disability. Elderly patrons without transportation are also eligible for this program.

Name _____ Date _____

Title &

Occupation _____

Address _____

Signature _____

Please fill out this form and return it in the enclosed, self-addressed, stamped envelope.
Any questions, please call Ellen Campbell at 399-1511, ext. 1016.