

TVML Homebound Delivery Service Application

Please complete the following form to request homebound delivery services from the Trenton Veterans Memorial Library. Homebound delivery is available to patrons who are unable to visit the library due to age, illness, disability, or other circumstances that limit mobility.

Patron Information:

- **Full Name:** _____
- **Library Card Number:** _____
- **Date of Birth:** _____
- **Address:**
 - Street Address: _____
 - City: _____
 - State: _____
 - Zip Code: _____
- **Phone Number:** _____
- **Email Address:** _____
- **Preferred Method of Contact:** (please circle or highlight one)
 - Phone
 - Email

Delivery Schedule:

- **How often would you like to receive deliveries?**
 - Weekly
 - Bi-weekly
 - Monthly
 - Other (please specify): _____

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- Which is your preferred delivery day? (please circle or highlight one)
 - Monday: 12:00 PM - 2:00 PM
 - Wednesday: 2:00 PM - 4:00 PM

Additional Information:

- Are there any special accommodations or instructions the library staff should be aware of to make your delivery easier or more convenient?

I certify that the information provided in this application is true and accurate to the best of my knowledge. By submitting this application, I agree to the library's terms and conditions for the homebound delivery service.

Signature: _____

Date: _____

For Library Use Only:

- Application received on: _____
- Eligibility confirmed on: _____
- Delivery start date: _____

Thank you for applying for the library's homebound delivery service. A staff member will contact you soon to confirm your eligibility and set up your delivery schedule.



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