

Bentley Memorial Library

Phone: 860-646-7349 Fax: 860-649-9059

HOME DELIVERY OF LIBRARY MATERIALS PROGRAM ENROLLMENT FORM

Return this form to: Bentley Memorial Library
206 Bolton Center Road
Bolton, CT 06043
ATTENTION: Home Delivery Service

Please print clearly

DATE OF ENROLLMENT: _____

NAME (Last, First, Initial): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

BENTLEY MEMORIAL LIBRARY CARD NUMBER: _____

Participants in the Home Delivery of Library Materials Program must be residents of Bolton. Also, they must meet one or more of the following requirements (check all that apply):

- _____ Disability that permanently prevents me from coming to the library on my own
- _____ Disability that temporarily prevents me from coming to the library on my own
- _____ Do not drive

Please give the name of a person to be contacted if you cannot be reached for an extended period:

NAME: _____ TELEPHONE: _____

I wish to enroll in Bentley Memorial Library’s Home Delivery of Library Materials Program. I have received a copy of the program’s specifications and agree to abide by its terms.

SIGNATURE: _____ DATE: _____