



Delaware
County District
Library

www.delawarelibrary.org

Card # _____

Service Began _____

INSTITUTIONAL LIBRARY SERVICE APPLICATION

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Fax Number (_____) _____

Contact Person _____ Phone Number (_____) _____

_____ Phone Number (_____) _____

Reading Level: _____ Juvenile: _____ Young Adult: _____ Adult: _____

Number of Items per Month: _____

Materials Requested:

_____ Regular Print Books	_____ Approximate number
_____ Large Print Books	_____ Approximate number
_____ Books on CD	_____ Approximate number
_____ Playaways	_____ Approximate number
_____ Magazines	_____ Approximate number
_____ Music CDs	_____ Approximate number
_____ DVDs	_____ Approximate number

Types of Books to Bring:

Picture _____	Paperbacks _____	Seasonal _____	Craft _____
Mysteries _____	Animals _____	Readers _____	Western _____
Easy Readers _____	Science Fiction _____	Non-Fiction _____	Other _____

PLEASE READ AND SIGN

In signing this application, I recognize that the institution or school listed above will be financially responsible for all materials borrowed on these library cards. I further recognize that my signature on this form indicates that I have the authority to commit the school/institution to this financial responsibility.

Signature & Title of Applicant

Date

Return completed form to:
outreachservices@delawarelibrary.org
740-549-2665

Outreach Services
7171 Gooding Blvd.
Delaware, OH 43015