

LIBRARY TO YOUR DOOR APPLICATION

Name _____

Address _____

Phone Number _____

Date _____

Library Card Number 2 1 9 1 2 0 0 _____

I am a patron of the Plainview-Old Bethpage Public Library who is unable to use the library because:

_____ I have a physical or visual disability or a chronic illness.

_____ I am recovering from surgery or major illness. I will notify the library when I no longer need this service.

_____ Other: _____

I give permission to the Plainview-Old Bethpage Public Library to keep a record of library materials sent to me.

Signature: _____

Please return to: Plainview-Old Bethpage Public Library
Attn: Susan Feuer
999 Old County Road
Plainview, NY 11803