

Shrewsbury Public Library

Application for Outreach Service

Last Name:	<input type="text"/>	Birthdate:	<input type="text"/>
First Name:	<input type="text"/>	Email Address:	<input type="text"/>
Street Address:	<input type="text"/>	Apt. or Unit #:	<input type="text"/>
City:	<input type="text"/>	Phone:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
Date (mm/dd/yyyy):		<input type="text"/>	
Name of Parent or Guardian, if under 12 years of age: <input type="text"/>			

- I am a resident of Shrewsbury who is unable to use the library through regular means
- I am a parent or guardian of a Shrewsbury resident who is unable to use the library through regular means

Signature:

Signature of parent or guardian if under 12:

I am interested in (please check all that apply):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Regular size print, books | <input type="checkbox"/> Large print, books | <input type="checkbox"/> DVDs |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Paperbacks | <input type="checkbox"/> Books on CD |

Please list your favorite authors or topics:

Note: Deliveries are provided on a bi-weekly basis. if you have trouble filling out this form, our Outreach Librarian, Deb Mayo, will be happy to assist you.

Deb Mayo, Outreach Librarian
phone: (508) 841-8535
email: dmayo@cwmars.org