

**SHREWSBURY PUBLIC LIBRARY
APPLICATION FOR OUTREACH SERVICE**

NAME _____ DATE OF BIRTH _____

PARENT OR GUARDIAN, if under 12 years of age _____

ADDRESS _____ APT# _____

PHONE _____ EMAIL ADDRESS _____

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 _____ Date _____

Signature of parent or guardian (if under 12) _____

I am interested in: (PLEASE CHECK ALL THAT APPLY)

Paperbacks

Videos

DVDs

Large print books

Regular print books

Books on tape

Books on CD

Magazines

Please list your favorite authors or topics

Deliveries are provided on a bi-weekly basis

If you have trouble filling out this form, the Outreach Librarian will be happy to assist you

Deb Mayo, Outreach Librarian

Phone (508) 841-8535

Email dmayo@cwmar.org

Fax (508) 841-8540