

Application Form

Your name:

Your address:

Your telephone number:

Your birthday:

Do you have a Lincoln City
Libraries card? _____

If yes, library card number:
2304500

I attest that I am qualified for
HOM service as I am unable to
visit the library because of a
temporary or permanent disability.

Signature

Date

I prefer materials in these formats:

- Regular print books
- Paperback books
- Large print books
- DVDs
- Compact Discs
- Magazines
- Other _____

Please send me this many items at
a time: (circle one)

1 2 3 4

Materials selection:

- I would like the HOM staff to
select materials for me
automatically.
- I will request all my own
materials.
- I will request some of my
own materials, and I would
like the HOM staff to select
some they think I may enjoy.

I am interested in these types of
materials:

- Family Stories
- Christian Fiction
- Best Sellers
- Mysteries
- Historical Novels
- Romance
 - Historical
 - Paranormal
- Westerns
- Science Fiction
- Humor
- Health
- Religion
- Politics
- History
- Gardening
- Biographies

Specific authors or titles:

Home Outreach *by* Mail

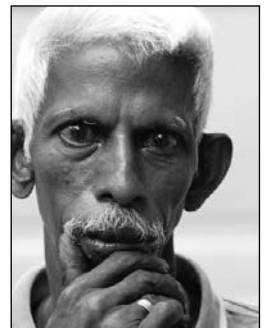
Lincoln City Libraries, Lincoln, NE



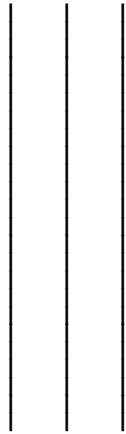
Enjoy
Reading!



Enjoy
Your
Library!



www.lincolnlibraries.org



Home Outreach *by* Mail
Lincoln City Libraries
136 South 14th Street
Lincoln, Nebraska 68508-1899

PLACE
STAMP
HERE