

# Application Form

Your name:

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Your address:

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Your telephone number:

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Your birthday:

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Do you have a Lincoln City  
Libraries card? \_\_\_\_\_

If yes, library card number:  
2304500

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

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Signature

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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:

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# Home Outreach by Mail

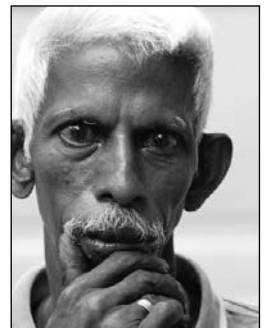
Lincoln City Libraries, Lincoln, NE



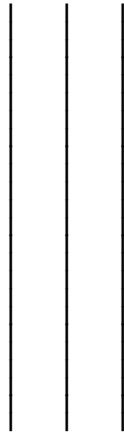
Enjoy  
Reading!



Enjoy  
Your  
Library!



[www.lincolnlibraries.org](http://www.lincolnlibraries.org)



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

PLACE  
STAMP  
HERE