

Print and fax to 503 - 615 - 4135



Washington County
Cooperative Library Services

APPLICATION for Library Mail for the homebound

Signature _____

Printed Name _____

Street Address _____

City & Zip _____

Phone _____ Cell _____

E-mail _____

Emergency Contact Name _____

Emergency Contact Phone _____

I require the following formats:

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Standard Print books | <input type="checkbox"/> Audio Books | <input type="checkbox"/> "Playaways" |
| <input type="checkbox"/> Large Print books | <input type="checkbox"/> DVD videos | <input type="checkbox"/> other: _____ |

My favorite authors & genres: _____

I have access to: Computer Internet E-book Reader