

Daly City Public Library

Application for Homebound Services



Residents of Daly City, Broadmoor, and Colma who have a medically documented, permanent or long-term disability that prevents them from visiting the library are eligible for homebound library services.

PLEASE PRINT

Name: _____
LAST FIRST MIDDLE INITIAL

Residence Address: _____
NUMBER AND STREET APT. # CITY STATE ZIPCODE

Phone: _____

E-mail: _____ (Optional)

Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Driver's License / California ID #: _____

I have a current Daly City Public Library card 2 9043 _____

I do not have a current Daly City Public Library card
(include a copy of valid photo identification to receive one by mail)

How does your disability prevent you from using library services: _____

Designated Borrower Authorization (Optional)

I authorize _____ to check out materials on my behalf.

I agree to use this library card only to borrow materials for the applicant.

DESIGNATED BORROWER SIGNATURE

I agree to follow all policies, rules and regulations of the Daly City Public Library. I understand that I will be responsible for all items borrowed by me or my designated borrower. Accounts with billed items may be referred to a Collections Agency.

APPLICANT SIGNATURE