Daly City Public Library
Application for Homebound Services

Residents of Daly City, Broadmoor, and Colma who have a medically document-
ed, 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