



## WOODRIDGE PUBLIC LIBRARY HOME DELIVERY APPLICATION

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN, IF UNDER 18 YEARS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

- I have a physical disability/chronic illness
- I am recovering from surgery, illness, or other medical condition
- I am a parent/guardian of someone with one of the above limitations
- I am unable to come to the library due to lack of transportation

**INTEREST INVENTORY:**

- I prefer large print material
- I prefer paperback materials
- I prefer audiobooks
- I prefer CDs
- I prefer DVDs
- I am also registered with Voices of Vision, federal talking books program
- Special needs: (please list here)

Addition comments about your reading/listening interests and the format(s) you prefer:

Please return form to:  
Home Delivery/Woodridge Public Library/3 Plaza Drive/Woodridge, IL 60517  
Office: 630-964-7899 or email to [wrs@woodridgelibrary.org](mailto:wrs@woodridgelibrary.org)