



**WOODRIDGE PUBLIC LIBRARY  
HOMEBOUND DELIVERY APPLICATION  
& INTEREST CHECKLIST**

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

LIBRARY CARD # \_\_\_\_\_

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

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

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

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**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

STAFF: \_\_\_\_\_

**INTEREST INVENTORY: (Select all that apply)**

- I prefer large print material
- I prefer paperback materials
- I prefer audiobooks
- I prefer CDs
- I prefer DVDs
- Special needs: (please list here)

Additional comments about your reading/listening/viewing interests:



Please return form to:  
Circulation Services, Woodridge Public Library, 3 Plaza Drive, Woodridge, IL 60517  
Phone: 630-964-7899 Email: [wrs@woodridgelibrary.org](mailto:wrs@woodridgelibrary.org)