

Application for Outreach Delivery Service

Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

E-mail: _____

By providing your e-mail, you will occasionally receive more information about library events, news, book recommendations, account status and more. You can opt-out at any time.

Applicant's Signature: _____

Reason for Requesting Outreach Delivery Service:

Injury Illness Transportation Mobility

Other: _____

Is this temporary? No Yes From: _____ To: _____

Reading Preferences: Audio Large Print Standard Print

Please return to Outreach Librarian Coordinator,
Half Hollow Hills Community Library
55 Vanderbilt Parkway, Dix Hills, NY 11746

For Library Use Only

Approved Disapproved Date _____ Librarian Initials _____

Changed P2 Type in Patron Record Date _____



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