



VISITING LIBRARY SERVICE

Can't go to the Library? The Library will come to your home!

Application form

Mr. Mrs. Ms. Miss First name _____ Last name _____
(circle one)

Address: _____ Apt. / Room No. _____

City _____

Postal Code _____

E-mail _____

Contact no. _____

Brampton Library card no. _____

Alternate contact name _____ Relationship _____

Phone no. _____

The Brampton Library Visiting Service ensures that individuals who are confined to their home due to an injury, illness or disability have access to Brampton Library's materials.

Declaration of eligibility:

- I declare that I have an illness, injury or disability that prevents me from visiting the library in person. I do not have anyone who can visit on my behalf.
- I agree to be responsible for any loss or damage of library materials delivered to me as a result of this application.

Signature _____

Date _____

Do you have a family member or a friend available to pick up and deliver your items on monthly basis? Yes No

Name (if applicable) _____ Contact number _____

Visiting Library Service - Reader Profile

How many items would you like to receive per monthly delivery? _____

Language(s): _____

Format: Regular Large print Audio books DVD Daisy

Please check off all topics that you enjoy reading:

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Fiction | <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Western |
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Mystery | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> History | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Romance | <input type="checkbox"/> Humor | <input type="checkbox"/> Politics |
| <input type="checkbox"/> True Crime | <input type="checkbox"/> Health | <input type="checkbox"/> War |

Other relevant information _____
(i.e. favourite authors, subjects, dislikes , etc)

Please return your completed application form to any Brampton Library branch:

Cyril Clark
20 Loafers Lake Lane
Brampton, ON, L6R 0C1

Four Corners
65 Queen Street East
Brampton, ON L6Z 1X9

Mount Pleasant Village
100 Commuter Drive
Brampton, ON L6W 3L6

Springdale
10705 Bramalea Road
Brampton, ON L7A 0G2

Chinguacousy
150 Central Park Drive
Brampton, ON L6T 1B4

Gore Meadows
10150 The Gore Road
Brampton, ON L6P 0A6

South Fletcher's
500 Ray Lawson Boulevard
Brampton, ON L6Y 5B3

Library use only:

Selector _____

Volunteer _____

Date entered _____

Pick up branch _____

Personal information is collected under the authority of the Public Libraries Act, R.S.O. 1990, Chap. P44 Section 23, Subsection 4. This information will be used for fundraising and in the management of Library Services. Questions about this collection should be directed to the Chief Executive Officer, 65 Queen Street East, Brampton, ON L6W 3L6; 905-793-4636, ext. 4311.