P P L D POUGHKEEPSIE PUBLIC LIBRARY DISTRICT

APPLICATION FOR EXTENSION SERVICES

Applicants must be residents of the City or Town of Poughkeepsie. Certification must be completed. All patron records are confidential.

Name: _____

               (last)   *(first)*

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____

Please give the name/number of a person to be contacted if you cannot be reached for an extended period: _____

CERTIFICATION (to be completed by certifying authority): Authority to certify a person as needing this service is defined to include doctors of medicine; doctors of osteopathy; registered nurses; therapists; professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, case workers, counselors, rehabilitation teachers). In the absence of any of these, certification may be made by the Executive Director, or his designee. Patrons will be asked to be recertified annually.

I certify that the applicant named has requested library service and is unable to travel to the library.

Name _____ Date _____

Title and Occupation _____

Street Address _____ Telephone _____

City _____ State _____ Zip _____

Signature _____

(over)

READING PREFERENCES (check one)

_____   Send only the specific titles I will request. Do not select books for me.

_____   I wish to have books selected for me in the categories checked below:

__ Adventure stories	__ Historical fiction	__ Romance
__ Bestsellers	__ History – U. S.	__ Science
__ Bible & religion	__ History - World	__ Sea stories
__ Biographies	__ Humor	__ Short stories
__ Classic novels	__ Music (about)	__ Sports
__ Cooking	__ Occult	__ Spy stories
__ Drama	__ Philosophy	__ Travel
__ Family stories	__ Poetry	__ War stories
__ Fine arts	__ Politics	__ Westerns
__ Health		

For Library Use Only --

Date service begun:

Description of service:

Return completed application to: PPLD/Extension Services, 141 Boardman Road, Poughkeepsie, NY 12603