



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: _____ Apt/Room #: _____

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 re-certified every two years.**

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: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Signature: _____

(over)

READING PREFERENCES (check one) ☐ Large Print ☐ Regular Print ☐ Audio

☐ 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
☐ Bestsellers
☐ Bible & religion
☐ Biographies
☐ Classic novels
☐ Cooking
☐ Drama
☐ Family stories
☐ Fantasy
☐ Fine arts

☐ Health
☐ Historical fiction
☐ History – U. S.
☐ History - World
☐ Humor
☐ Music (about)
☐ Mystery
☐ Occult
☐ Philosophy
☐ Poetry

☐ Politics
☐ Romance
☐ Science
☐ Sea stories
☐ Short stories
☐ Sports
☐ Spy stories
☐ Travel
☐ War stories
☐ Westerns

Favorite Authors: _____

<p>Return completed application to: PPLD/Extension Services, 141 Boardman Road, Poughkeepsie, NY 12603</p>
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For Library Use Only -----

Date service began/renewed:

Description of service: ☐ Home Delivery ☐ E-Services: Tablet/Cell Phone/ TV/ Computer

Notes: _____