Home Access Membership Application

Norfolk County Public Library
Delhi • Port Dover • Port Rowan • Simcoe • Waterford

Please complete this application if you or someone you know would benefit from the Home Access Membership. The completed form can be returned to any Norfolk County Public Library Branch. The applicant will be contacted to discuss the terms and acceptance of the membership.

Borrower's Information

Do you have a Norfolk County Public Library Card? No ◯ Yes ◯ _____
Card Number

First Name(s): _____ **Last Name:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone Number:** _____

Emergency Contact: _____

Reason(s) for requesting Home Service from the Norfolk County Public Library:

◯ Age ◯ Disability ◯ Long Term Illness ◯ Other Limitation: _____

You may delegate up to two people who will be able to use your account on your behalf:

Name of person picking up items: _____ **Phone Number:** _____

Name of person picking up items: _____ **Phone Number:** _____

I understand that by signing this agreement I authorize Norfolk County Public Library to allow the above named deligate(s) to use my library account on my behalf. I am responsible for the safe return of all borrowed items on the due date, any fees charged to replace lost or damaged materials, and reporting any changes of address and/or phone number to staff.

_____ _____
Signature of Borrower Date

_____ _____
Signature of Caregiver or Guradian
(if borrower is unable to sign or is under the age of 18) Date

_____ _____
Signature of Coordinator or Manager,
Norfolk County Public Library Date