

# DMPL Homebound Delivery

## Application for Services

\*Must be a Des Moines resident

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Library Card Number  
(if applicable) \_\_\_\_\_

Birth Date \_\_\_\_\_

## Tell us more about what you like!

### Book Formats

- CD Audiobooks
- Regular Print Books
- Large Print Books

### List some of your favorite authors or series

### Book Selection

- Select books for me
- Do not select books for me

### Do you have any special requests?

## Book Genres

### Fiction

- Children's
- Classics
- Fantasy
- Historical Fiction
- Humor
- Inspirational Fiction
- Mysteries
- Poetry
- Romance
- Science Fiction
- Short Stories
- Urban Fiction
- Westerns
- Young Adult

### Nonfiction

- Biographies
- Business
- Computers
- Cookbooks
- Crafts
- Gardening
- Health & Fitness
- History
- House & Home
- Memoir
- Music
- Religion
- Self-help
- Travel
- True Crime

**Music Selection**

- Select music for me  
 Do not select music for me

**Do you have any special requests?**

**Music**

**Music**

- |   |  |
|---|--|
| <input type="checkbox"/> Blues<br><input type="checkbox"/> Classical<br><input type="checkbox"/> Country<br><input type="checkbox"/> Jazz<br><input type="checkbox"/> Opera | <input type="checkbox"/> Pop<br><input type="checkbox"/> Rap<br><input type="checkbox"/> Religious<br><input type="checkbox"/> Rock<br><input type="checkbox"/> Show Tunes |
|---|--|

**Applicant Agreement**

**I AGREE TO:**

- Return all items on time
- Follow the policies of the library
- Report loss or theft of materials promptly
- Report change of name or address promptly

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Application To:**

Des Moines Public Library  
 Information Services  
 DMPL by Mail  
 1000 Grand Avenue  
 Des Moines, IA 50309

