



48 Gorham Road, Scarborough, ME 04074
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www.scarboroughlibrary.org

Home Delivery Application

(Mail, fax, or email application to askSPL@scarboroughlibrary.org or call 883-4723, option 4 to apply by telephone)

Date: _____

Name: _____

Street Address in Scarborough and/or Facility Name:

Phone number: _____ Date of birth: _____

Please tell us your reason for applying for Home Delivery:

Illness/immobility ☐ Transportation limitations due to age/immobility ☐

How long do you need Home Delivery? Temporarily ☐ Long-term ☐

Do you currently have a Scarborough Public Library card?

Yes, my card # is _____ No, I need one ☐

Additional contact person (family member, friend or facility staff):

Name: _____ Relationship: _____

Phone number: _____

FOR STAFF USE ONLY Patron #: _____

Start Date: _____ Driver: _____

You may request specific materials and/or have us choose them for you.

What kind of materials would you like us to bring you?

Regular Print Books ☐ Large Print Books ☐ Audiobooks on CD ☐

Movies on DVD ☐ Documentaries on DVD ☐ TV shows on DVD ☐

Music CDs ☐ Magazines ☐

How many items would you like per delivery? _____

Are you interested in borrowing eBooks and eAudiobooks? Yes ☐ No ☐

What types of books/movies do you like?

Fiction ☐ Mystery/Suspense ☐ Historical Fiction ☐ Christian Fiction ☐

Romance ☐ Westerns ☐ Science Fiction/Fantasy ☐ Naval Stories ☐

Non-fiction ☐ Biography ☐ History ☐ Inspirational ☐ Religion ☐

Sports ☐ Hobbies ☐ Poetry ☐ Travel ☐ Nature ☐ Health ☐

Any other reading interests? _____

Favorite authors: _____

Authors, genres or subject areas you do not like:

Thank you for filling out this application. We look forward to serving you!