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## Home Outreach | Delivery Resource Interest Form please complete and send to the Library

| Name:               |  |                     | <del>_</del>                     |
|---------------------|--|---------------------|----------------------------------|
| Address:            |  |                     | _                                |
| Phone Number:       |  |                     | _                                |
| How many items      | a month (allow for a                         | a few extras):      | _                                |
| Format of borrow    | ved resources (tick a                        | ll that apply):     |                                  |
| Regular Print       | ○ Large Print                                | ○ Talking Book on C | D \( \rightarrow \text{Daisy} \) |
| ○ Hardcover         | ○ Paperback                                  | O DVD O No pr       | reference                        |
| Genres (tick all th | at apply):                                   |                     |                                  |
| Fiction:            |  |                     |                                  |
| ◯ Thriller ◯ M      | lysteries 🔘 Susper                           | nse                 | iction                           |
| ○ Historical Rom    | ance   | e                   | l Fiction                        |
| Science Fiction     | n 🔘 Fantasy                                  | ✓ Westerns          |                                  |
| Nonfiction:         |  |                     |                                  |
| Biographies         | ○ Travel ○ His                               | story Craft books   |                                  |
| Other               | M  | lore specifically?  |                                  |
| Favourite Authors   | 5:   |                     |                                  |
|                     | us in resource select<br>s material borrowed | •                   | ry has your permission to keep a |
| ○ Yes ○ No          |  |                     |                                  |