

**North Merrick Public Library  
1691 Meadowbrook Road  
North Merrick, New York 11566  
(516) 378-7474**

**PDF - APPLICATION FOR HOMEBOUND LIBRARY SERVICE**

To: The Library Director

I request homebound library service.

Name (Please Print)	Date
Home Address	
Phone	Alternate Phone

**Reason For Application:** Medical difficulty inhibiting ability to **attend** to the library.

**Documentation Accompanying Application:**

\_\_\_\_ Doctor's note substantiating medical difficulty inhibiting travel to the library

**If approved to receive Homebound Library Service, I agree to the terms and conditions of the service as established by the Library.**

Library Card Number	Signature
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**For Agency Use Only**

\_\_\_\_ Approved      \_\_\_\_ Denied for the reason(s) below:

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Signature	Title	Date
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