

Please tell us what you like to read (circle ALL that apply):

FICTION

Suspense

Mystery

Romance

Western

Historical Fiction

Gentle Reads

Adventure

Short Stories

Family Drama

Children's Books

Young Adult Books

Favorite Authors: _____

NON-FICTION

Biography

Travel

Religion

Art

Self-Help

Poetry

Current Topics

Philosophy

Nature

Other Subjects & Interests: _____



Mail completed applications:

**Portage County
District Library**

**ATTN: Outreach Services
10482 South Street
Garrettsville, OH 44231**

Any Questions?

Call 1-800-500-5179 ext. 220

**Or drop off at any branch library or
the computer lab:**

**Aurora Memorial Library
330-562-6502**

115 East Pioneer Trail, Aurora, OH 44202

**Garrettsville Library
330-527-4378**

10482 South Street, Garrettsville, OH 44231

**Pierce Streetsboro Library
330-626-4458**

8990 Kirby Lane, Streetsboro, OH 44241

**Randolph Library
330-325-7003**

1639 State Route 44, Randolph, OH 44265

**Windham Library
Renaissance Family Center
330-326-3145**

9005 Wilverne Drive, Windham, OH 44288

**Deerfield Computer Lab
330-557-6032**

1450 State Route 14, Deerfield, OH 44411



Outreach Services— Home Delivery



**You can't make it to
the library?**

**We'll bring the
library to you— free
of charge!**



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www.portagelibrary.org

- If you or someone you know would like to receive delivery of library materials to the home, you may be interested in this free library service (available for all ages).
- Arrangements may be made for long-term and short-term library needs.
- You must have a library card from Portage County District Library and complete this application. Copies of both applications are available online, at any branch library, or by calling 1-800-500-5179 ext. 220 (Outreach Services).
- We'll select materials based on your questionnaire, but you can also request specific titles. *Just let us know what you want.*
- Items are delivered to you on the same delivery day every (2) weeks.
- For library users living in the Kent and Ravenna service areas, PCDL will assist you in making contact with your area library or agency to help with your library needs.

HOME DELIVERY APPLICATION:



Name: _____

Address: _____

City: _____ **Phone:** _____

Date of Birth: _____ **Sex (circle):** M or F

Emergency Contact Name & Phone: _____

I am unable to visit the public library due to injury, illness, or disability and would like to receive home delivery of library materials. Signed: _____

(Parent or guardian's signature required if under age 18)

How many items would you like delivered every (2) weeks?

Any special needs to be considered? _____

QUESTIONNAIRE: Please circle ALL of your preferences:

- Hardcover or Paperback or Either**
- Large Print or Regular Print or Either**
- Recorded Books on CD or DVDs or Either**
- Fiction or Non-Fiction or Either**



If you like magazines, titles:

(TURN OVER)