

Indicate the nature of the disabling condition that prevents or makes it difficult for you to visit the library:

To Be Completed by a Certifying Authority:

This application must be signed by a doctor, ophthalmologist, optometrist, registered nurse, therapist, or professional staff from a hospital, assisted living institution, or a public/private welfare agency.

Please Note: Your application cannot be processed and will be returned to you if this section is not completed.

I certify that the named applicant is in need of Home Delivery of Materials by the Naperville Public Library due to the reason(s) stated.

Name: _____

Affiliation/Title: _____

Phone number: _____

Please return this form to: **Special Services
Nichols Library
200 W. Jefferson Ave.
Naperville, IL 60540**

Questions about this form or eligibility? Call (630) 961-4100 extension 6343

In compliance with the Library Records Confidentiality Act, the Naperville Public Library incorporates the provisions of this Act into its Confidentiality and Privacy Policy. All user-identifiable information is strictly confidential; however, statistical records relating to the use of the Library or its materials and services may be disclosed. In addition, the Act requires strict adherence on the use/dissemination of user information in accordance with local, state, and federal laws.

Customer Interest Survey

Name: _____

Check Services Needed:

- Home Delivery by Volunteers
- Selection of Library Materials by Special Services Staff
- Assistance with Downloading eBooks/eAudiobooks/eMagazines
- Referral to Voices of Vision Talking Book Center*

*A program for those who cannot read or hold print material sponsored by the Library of Congress Service for the Blind and Physically Handicapped. Book/magazine cartridges and special equipment are mailed at no charge directly to the patron and returned to the Talking Book Center postage free.

Reading Preferences:

Check off the topics that interest you. You may also write your reading interests in the space provided below:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Adventure Stories | <input type="checkbox"/> | History | <input type="checkbox"/> | Science Fiction |
| <input type="checkbox"/> | Best Sellers | <input type="checkbox"/> | Mystery | <input type="checkbox"/> | Short Stories |
| <input type="checkbox"/> | Biographies | <input type="checkbox"/> | Poetry | <input type="checkbox"/> | Sports |
| <input type="checkbox"/> | Classics | <input type="checkbox"/> | Politics | <input type="checkbox"/> | Stage and Screen |
| <input type="checkbox"/> | Fantasy | <input type="checkbox"/> | Romance | <input type="checkbox"/> | Westerns |

Other Preferences: (Favorite Actors/Authors/Musicians)

I do not wish to receive materials that contain (check all that apply):

Strong Language Violence Explicit descriptions of sex

Materials Preferences:

Indicate the number of each type of item you wish to receive:

Format	How Many Per Delivery?	
Regular Print Books		
Large Print Books		
Books on CD		
Magazines		
Music CDs		
		Blu-ray?
DVD Movies-Fiction		
DVD Movies-Non-Fiction		
Children's DVDs		

Thank you for completing this survey of your interests.