



Medina County District Library

Application for Residential Services

Outreach Services • 330-722-2590 • mcdl.info/Outreach

Name _____ Birthdate _____

Address _____

City _____ Zip _____

Facility _____ Room Number _____

Phone _____ Email _____

Library Card Number _____
(If you don't have one we will obtain one for you)

Driver's License or State/Federal ID _____

Emergency Contact _____

Relationship _____ Phone _____

Circle Your Choices

Reason you are unable to visit the library:

Illness Disability Visual Impairment Other

How long do you need service? Winter Only 2-6 Months Ongoing

Type of delivery requested: Family Member Books by Mail

Door Drop Delivery

Where should the delivery bag be dropped off / picked up?

Staff Use Only: Intake _____ File _____ SIRS! _____ Access _____ Excel _____

Shelf _____ Welcome _____ Bag Type _____

Waiver

- I grant Medina County District Library permission to keep a printed record/list of my borrowed items, requests, and preferences for the purposes of selecting materials. This information will be used only by the Outreach Services staff. The staff maintains the privacy and confidentiality of every library member.
- I **do not** grant Medina County District Library permission to keep a printed record/list of my borrowed items and preferences. *Please note: It is not required to grant permission in order to receive library services.*

Signature _____ Date _____

Or verbal consent given to _____

Return application to any MCDL location

OR email to me-outreachlibrarians@mcdl.info

OR mail to Outreach Services, 6625 Wolff Road, Medina, OH 44256