

**Home Delivery Service Patron Agreement**

DELIVERY RECIPIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELIVERY RECIPIENT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELIVERY RECIPIENT STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY NAME (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_

By taking part in the Emily Williston Memorial Library’s Home Delivery Service, I acknowledge and agree to the following:

1. I understand that a library Home Delivery Staff member will visit my residence on a regular basis, at an established and agreed upon day and time. I will call the staff member if I cannot be available the day and time of my delivery.
2. The library Home Delivery Staff member will check out and return materials for me and will have access to my library account for the purposes of placing holds and keeping track of materials loaned to me.
3. Library materials will remain in my care and be ready for pick-up on the date agreed upon with the library Home Delivery Staff member. I understand that lost items might lead to fines.
4. I can cancel participation in this service anytime by calling the library’s Home Delivery Staff member at 413-527-1031.

DELIVERY RECIPIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Home Delivery Service Patron Agreement**

**PATRON COPY**

DELIVERY RECIPIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELIVERY RECIPIENT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELIVERY RECIPIENT STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY NAME (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_

By taking part in the Emily Williston Memorial Library’s Home Delivery Service, I acknowledge and agree to the following:

1. I have a disability, illness or other difficulty that prevents me from coming to the library.
2. I understand that a library Home Delivery Staff member will visit my residence on a regular basis, at an established and agreed upon day and time. I will call the staff member if I cannot be available the day and time of my delivery.
3. The library Home Delivery Staff member will check out and return materials for me and will have access to my library account for the purposes of placing holds and keeping track of materials loaned to me.
4. Library materials will remain in my care and be ready for pick-up on the date agreed upon with the library Home Delivery Staff member. I understand that lost items might lead to fines.
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