



Application for Home Delivery Service

Date: _____ Library Card Number: _____

Name:

Phone Number:

Email Address (optional):

Street Address:

Please check: _____ Agawam _____ Feeding Hills

Reason you are requesting this service:

Please check the boxes below. Then sign and date the Application.

- I am an Agawam or Feeding Hills resident and I wish to enroll in the Agawam Library's Home Delivery Service.
- I have read the Home Delivery Service Policy Statement and agree to abide by its terms and conditions.
- I will make sure someone is available to accept delivery, or have an acceptable area where delivery items will not be left out of doors/exposed to the elements.
- I understand that I am responsible for payment of lost or damaged items and Home Delivery Tote bags.

SIGNATURE:

DATE:

Please return this document to the library directly or with your next scheduled delivery. Contact Maria with any questions 413-789-1550 ext. 2 for the Reference Desk or ext. 8853 to leave Maria a voicemail