

The Memorial Library of Radnor Township
114 W. Wayne Ave.
Wayne, PA 19087
610-687-1124

Application for At Home Services

Patron Name: _____

Address: _____

Phone: _____

Emergency Contact: (Name) _____
(Phone #) _____

Do you wish to designate another person to borrow materials on your behalf?
No____ Yes____ If yes, please give the name, address and telephone number of the person
who will be acting as your agent: _____

If you do not designate an agent, you will receive your materials via delivery from a library staff member or designated volunteer.

Please fill out the attached Reader Interest Inventory to help us determine your reading preferences.

When do you wish this service to begin? _____

I have read and agree to the terms set forth in the At Home Services Policy.

Signature of Patron _____

Date of Application _____

Staff Use Only:
Contacted by Reference Department _____
Reader Interest Inventory completed _____