



105 W. Boone Street
Marshalltown, IA 50158
641-754-5738

Home Delivery Request

Name (First, middle, last name): _____

Address or Facility (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Birthdate: _____

Format/Print Type (Select all that apply)

Hardcover _____ Paperback _____ Regular Print _____ Large Print _____

Audio Books (CD's) _____ DVD's _____

Fiction (Select all that apply)

Mystery _____ Western _____ Romance _____ Science Fiction _____

Thriller _____ Suspense/Drama _____ Animal(s) _____ Classics _____

Adventure _____ Historical _____ Family Saga _____ Religious/Christian _____

Non-Fiction (Select all that apply)

Biographies _____ Arts/Crafts _____ Health/Medical _____ Cookbooks/Food _____

Science _____ Gardening/Nature _____ Humor/Entertainment _____ Religion _____

Mythology/Folklore _____ Travel/Adventure _____ Sports/Recreation _____

Psychology/Sociology _____ Self Help _____ Philosophy _____ Poetry _____

Fine Arts/Photography _____ History (U.S.) _____ History (World) _____

Other subject(s): _____

(See reverse side)

Authors or books you have enjoyed in the past:

Authors or types of books you **DO NOT** want:

Hobbies or Interests you may have:

TV shows/series or Movies you enjoy:

Marshalltown Public Library contains a variety of books, magazines, movies, and other materials. Some of these materials may not be suitable for all ages or all individuals.

- I agree to obey the rules of the Marshalltown Public Library and be responsible for all charges incurred for any overdue, lost, or damaged materials that are checked out on my card or cards for individuals whom I retain legal guardianship.
- In the event that my card is lost or stolen, I will notify the library of the loss or theft of my card in a timely manner.

X _____ **Signature** of Applicant

X _____ **Printed name**

Please return completed forms to the library's Check-Out Desk, send via email to library@marshalltown-ia.gov or via fax to 641-754-5708.