



WHERE KENOSHA CONNECTS

Home Delivery Service Application

Name _____

Address _____

Telephone _____

Email _____

How do you want us to contact you?

_____ Phone

_____ Email

Statement of need: Why do you need Home Delivery Service?

Please complete the other side, too!

Do you have a Library Card?

No

Yes Card Number: _____

Signature: _____

Date: _____

Return to any Kenosha Public Library location, or mail to:

Kenosha Public Library Outreach Services
812 56th Street
Kenosha, WI 53140