



MAHOPAC PUBLIC LIBRARY

Application for Homebound Services

Name _____

Address _____

Phone _____

Email _____

Emergency Contact Person and Phone Number _____

Do you have a library card? _____

Card number _____

Do you have a disability that prevents you from coming to the library?

Please submit the completed application, material preference form, and the signed homebound release form to:

Mahopac Public Library, 668 Route 6, Mahopac, NY 10541

Attn: Homebound Program

email: homebound@mahopaclibrary.org

Any questions please call (845) 628-2009 ext. 148