

First Middle Last

Preferred Name (optional): I would like the Library to use my preferred name.

Date of Birth (MM/DD/YYYY) Name of Facility, if any

Mailing Address Apt

City State Zip

Email Address Phone

Library Card Number:
 If you do not have a library card, we will issue one and mail it to you.

Secondary Contact (Authorize to discuss this account)

Name Relationship

Phone Email

Are you eligible to participate under the USPS program "Free Matter for the Blind": **Yes**

I affirm that I am unable to travel to the Johnson County Library due to lack of **Yes** transportation, disability, or injury.

Home Connect Use Agreement - Please read and sign below

I apply for the privilege of borrowing library materials from the Johnson County Library HomeConnect Service. I give permission for library staff to use my card number to check out materials on my behalf. I agree that a record of my interests and check out history may be kept, with the understanding that my check out history and interests will be kept confidential. I agree to be responsible for all materials checked out to this card, and for replacement costs of any lost or damaged materials. I declare that I am homebound and unable to come to the library.

Signature Date