Hastings Public Library

Home Delivery Service Application

Enrollment

Please fill in each answer. If you don't have your library card number available, we can fill that information in for you.

Name: _____ **Date:** _____

Address: _____

Special Directions: _____

Phone #: ( ) _____ **Library Card #:** _____

Email: _____

Questionnaire

Please answer as many questions below as possible. The more we know about your reading and viewing tastes, the better we can serve you!

Mark which formats of materials you prefer:

- ☐ Regular Print
- ☐ Large Print
- ☐ Magazines
- ☐ Audiobooks
- ☐ DVDs

Mark which genres interest you:

- ☐ Non-fiction
- ☐ Westerns
- ☐ General Fiction
- ☐ Mystery
- ☐ Romance
- ☐ Historical Fiction
- ☐ Humor
- ☐ Science Fiction
- ☐ Fantasy

Number of items you'd like to receive each visit: _____

List authors you enjoy:

List movies and TV series you enjoy:

List magazine titles or types that you enjoy:

List titles, genres, or subjects that you do not want:

Other notes about your reading or listening preferences:

Submit this form to the library in person, or by mail or email:

Mail:
Hastings Public Library
Attn: Home Delivery
314 N Denver Ave
Hastings, NE 68901

Email:
bwhitsel@cityofhastings.org

Phone:
402.461.2346