

Visiting Library Services Application Form

Date: _____

Personal Information

Full Name			
Address		Home Phone	
City		Cell Phone	
Postal Code		E-mail	

Alternate Contact Information

Alternate Contact Name: _____

Alternate Contact Phone: _____

Relationship to Contact: _____

Your Service Request

Do you have an Oshawa Public Libraries Card?

Yes No

If yes, card number: _____

Reason for Visiting Library Service Request:

Duration of service:

Permanent Temporary

If temporary, duration: _____

Would you or a designate like to pick-up your prepared items at the library or have them delivered?

Number of items requested per month: _____

If this request is for a child, what is their reading level? _____

Your Content Interests

Please check all formats which interest you:

- | | | |
|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Regular Print | <input type="checkbox"/> Audio Book | <input type="checkbox"/> DVD |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Paperback | <input type="checkbox"/> Daisy |
| <input type="checkbox"/> Large Print | | |

Please check all topics which interest you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Science |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Historical Romance | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Business/Economics | <input type="checkbox"/> History | <input type="checkbox"/> Suspense/Thriller |
| <input type="checkbox"/> Canadian Fiction | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Children's material | <input type="checkbox"/> Medical Thrillers | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Mysteries | <input type="checkbox"/> War |
| <input type="checkbox"/> Family Sagas | <input type="checkbox"/> Religion | <input type="checkbox"/> Westerns |

Tell us more about your interests: _____

Who are your favourite authors? _____

What are your dislikes? _____

Terms of Service

I agree to be responsible for any loss or damage of library materials delivered to me resulting from this application and agree to abide by all [rules and regulations of the Oshawa Public Library Board](#).

Oshawa Public Libraries will keep a record of your reading preferences and the library materials you have borrowed to provide better service to you. This list and your personal information are kept confidential and will only be shared with CELA for the purpose of receiving their services in accordance with [our Privacy Policy](#).



oshlib.ca

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