

West Haven Library Bookmobile

300 Elm Street, West Haven, CT 06516

Attn: Alison Forget, Bookmobile Driver

203-937-4233

Application for For-Profit Institution Delivery Service

Date of application: _____

Name of Institution: _____

Street Address: _____

Mailing Address [if different]: _____

Eligibility requirement:

Annual fee of \$300 to be paid in full to initiate pick/up delivery service.

Library books must be requested by the Institution. Delivery of requested books and pick up of returns will occur once a month.

We wish to enroll in the West Haven Library's institutional delivery service.

We agree to be responsible for the cost of replacing lost, damaged or stolen library materials.

Signature of CEO/CFO [financially responsible party]: _____

Print name: _____

Date: _____

SIGNER: Please provide full contact information for the person who will oversee handling of library materials for residents.

Name: _____

Position: _____

Phone: _____

Email: _____