

Livonia Civic Center Library

Home Delivery Request Form

- By completing this form, you understand that this application is subject to Library staff approval.
- You are responsible for the damage or loss of materials charged to this card
- If you need assistance, call the library at (734) 466-2491 ask for the Outreach Services Librarian, or email us at outreachserviceslvcc@gmail.com.

Last Name _____ First Name _____ Middle Name _____

Address _____ Birth Date _____

Email _____ Phone Number _____

Driver's License # _____ Library Card # _____

Would you like to be notified about holds by Text, Email or Phone?

If by text who is your phone service provider? _____

When do you prefer deliveries? Morning Afternoon

I would like to pick my own titles

I would like a librarian to pick titles for me based on my responses below

Preferred Format of Materials Available

Hardcover

Paperback

Audio Books

Large Print

Regular Print

Media

DVD

Blu-Ray

CD

Fiction Genre Preferences

Fantasy

General Fiction

Historical

Horror

Inspirational

Mystery

Romance

Sci-Fi

Thriller

Non- Fiction Subject Preferences

Animals

Bio's

Business

Cooking

Health

History

Humor

Michigan

Politics

Poetry

Religion

Science

Sports

Travel

True Crime

OVER 

Number of Items that you would like every month (Up to 10)? _____

List some of your favorite authors, or books that you have read that would like something similar to by a different author: _____

Is there anything or any authors that you do not want included? _____