

Homebound Deliveries

The Homebound delivery program serves clients of the Stillwater Mobile Meals Program, and residents of nursing homes and assisted living facilities.

Services are also extended to homebound individuals who can arrange to have someone pick up and return library materials for them. Photo identification of the friend or relative will be required at time of checkout.

The Outreach Librarian will select materials for the homebound, maintain circulation records, prepare materials for pickup and delivery.

A limit of 15 items may be checked out for a period of 30 days.

Brenna Gilchrist

Homebound & Outreach Librarian

The City of Stillwater
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Public Library
Stillwater[®]
OKLAHOMA

Books 2U Delivery



Application Form

Name _____

Address _____

Phone Number _____

E-Mail _____

Delivery Method

Mobile Meals _____

Assisted Living _____

Relative or Friend _____

Name & Phone Number of
Relative & Friends who may pick
up & return items for patron:

Fiction

Inspirational _____ Mystery _____

Classics _____ Historical _____

Romance _____ Western _____

Spy/Adventure _____

Nonfiction

Health _____ Humor _____

Biographies _____ Cookbooks _____

Sports _____ Travel _____

Crafts _____ History _____

Religion/Inspirational _____

Self-Help/Psychology _____

Science/Nature/Gardening _____

Number of items each delivery _____

Large Print _____ **Regular Print** _____

No Large or Heavy Books _____

Other items you are interested in:

Books on CD _____ **DVDs** _____

These items cannot be renewed. No fines will be assessed to homebound patrons for overdue items. If an item is not returned to the library for three (3) months, the patron will be assessed the cost of the item. If items are returned to the library damaged, the patron will be assessed the cost of the item. Fees for lost and damaged items may be waived in exceptional situations. Exceptional situations will be handled on a case-by-case basis.

If responsible party is someone other than homebound applicant, Please list contact information below:

Name _____

Address _____

Phone Number _____

E-Mail _____

Signature of Responsible Party
