



MOBILE LIBRARY SERVICE AGREEMENT

Main Contact Information

Name: _____

Address: _____ Room Number: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Reason Mobile Library Service is Beneficial (Check one)

Mobility Vision Loss Injury Health Condition Transportation *Other

Specify reason for "Other:" _____

Duration of Service

Permanent Temporary If temporary, delivery is required until:

DD	MM	YYYY

Payment for lost/damage materials:

- Bill to me
 Bill to my personal representative

Personal Representative Contact Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship: _____

Service Agreement (Personal Representative):

I, _____, give _____ permission to be a part of the Mayerthorpe Public Library's Mobile Library Service Program. I agree to be responsible for all fees and costs (loss and damages) related to use of library items.

Signature of Personal Representative

Date Signed

MOBILE LIBRARY SERVICE AGREEMENT

By reading and signing the following service agreement, I agree to hold harmless and release the Town of Mayerthorpe Library Board, its staff, volunteers, and representatives from any loss, liability, claim, suit, or judgment that may arise out of or in conjunction with the Mobile Library Service Program.

Further, I understand that:

- Library staff will select materials for my use and check said materials out for me.
- Deliveries will be made on pre-determined dates and times.
- No fines will accrue for overdue library materials; I will, however, be responsible for any materials that are lost or damaged while checked out to me.
- The program is supervised by library staff and that any problems with delivery of service, staff, or volunteers are to be reported to the Mobile Library Service Coordinator at 780-786-2404.
- I may become ineligible for the program if I do not abide by these guidelines.

Name (print): _____

Signature: _____

Date: _____

Library Use Only:

Date Received: _____ Approved Denied

Reason Denied: _____

Library Card Number: _____

Date of First Visit: _____

Date of Termination of Service: _____

Has alternate contact signed service agreement: YES NO

Date Contacted: _____ Time: _____