

**Spring Lake District Library  
Homebound/ Books by Mail Service  
Registration Form**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ Library card \_\_\_\_\_

I certify that the above address is an individual mail receptacle.

I certify that I am (circle one) temporarily / permanently homebound  
and request that the library provide books by mail service.

Expected end date if temporary: \_\_\_\_\_

**Alternate local contact person:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Please return completed form to the Spring Lake District Library,  
123 E. Exchange Street, Spring Lake MI 49456 (616)-846-5770  
and notify the library if any information on this form changes.**

**Additional services may be available through the  
Library for the Blind and Physically Handicapped 1-877-569-4801**