

What type of books do you enjoy?  
(Tick as many types as you want)

## FICTION

Adventure

Detective

⇒ American

⇒ British

⇒ Either

Historical

Romance

Classics

Family Sagas

General Novel

Spy/Thriller

Western

War

Science Fiction

Science Fantasy

New Zealand Fiction

Other (Please specify)

Favourite Authors:

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## NON-FICTION

Biographies (specify type)

History

Arts & Crafts \*

Cooking \*

Gardening \*

Travel

Wildlife

Religion

Science \*

Literary \*

New Zealand \*

Other Countries (specify) \*

Other Topics (specify)

**For further information:**

**Phone Robyn on 07 351 7032 or  
Email [robyn.skipwith@rotorualc.nz](mailto:robyn.skipwith@rotorualc.nz)**

[www.rotorualibrary.govt.nz](http://www.rotorualibrary.govt.nz)  
[library@rotorualc.nz](mailto:library@rotorualc.nz)

**ROTORUA  
LAKES COUNCIL**  
Te kaunihera o ngā roto o Rotorua

## Home Delivery Service



Fortnightly Delivery

For users who are:

Unable to visit either the main library either on a permanent or a temporary basis, because of illness or infirmity;

AND who have no other person readily available to come to the library to select their materials.

Library staff select items for the Home Delivery borrowers according to the preferences noted on the "Home Delivery Registration Form".

Rotorua Library  
Te Aka Mauri  
1127 Haupapa Street  
Rotorua  
Ph 348 4177  
[Library@rotorualc.nz](mailto:Library@rotorualc.nz)  
[www.rotorualibrary.govt.nz](http://www.rotorualibrary.govt.nz)



# HOME DELIVERY BORROWER REGISTRATION FORM

Name: Mr/Mrs/Miss/Ms \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address – if different from above: \_\_\_\_\_

Phone No: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Alternative Contact Person: *(someone not living with you)*

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Special Delivery Instructions:

*(e.g. Back or front door, deaf, walking difficulties, etc)* \_\_\_\_\_

## Please indicate which applies to you:

I am unable to visit the library because of illness or infirmity and there is no other person to select library materials for me.

I wish to receive audio books because of a print disability.

I am unable to visit the library on a temporary basis due to recovery from an illness or injury.

If possible please indicate how long you expect to need the service: \_\_\_\_\_ months.

Normal Library membership conditions apply to the loan of items to Home Delivery borrowers. You will be charged for the cost of any Lost items.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## PREFERENCES:

What type of material would you like?  
*(Tick as many types as you want)*

Books

Magazines

Talking Books

## How many items?

*(Maximum is 8 items)*

## Which format do you prefer?

*(Tick whichever options suit you)*

Large Print

Ordinary Print

Hardback

Soft cover

No Preference

*Continued Over*



*Library Use Only: Patron type:*

ID: \_\_\_\_\_

Barcode: 2320000 \_\_\_\_\_

Date joined Home Delivery \_\_\_\_\_