



# Olathe Public Library

## Library to You Application

Mail or fax application, attention: Library to You at Indian Creek Library  
(16100 W. 135<sup>th</sup> St. Olathe, KS 66062) or (Fax: 913-971-6839)  
Questions? Call 913-971-6843

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

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

City/State/Zip: \_\_\_\_\_

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

Emergency Contact (Name & Telephone): \_\_\_\_\_

Library Card Number \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ (used to verify existing library card)

What are your reading interests/favorite authors?

**Fiction:**

- Adventure
- Bestsellers
- Classics
- Gentle Reads
- Historical
- Humor
- Mystery
- Romance
- Science Fiction/Fantasy
- Westerns

**Nonfiction:**

- Biography
- Bestsellers
- Health
- History
- Poetry
- Religion
- Self-improvement
- Sports
- Travel

**Format:**

- CD Audio Books
- Music CDs
- DVDs
- Large Print Books
- Regular Print

**Favorite Authors:**

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**Other Subjects:**

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PLEASE READ AND SIGN: I apply for the privilege of borrowing library materials from the Olathe Public Library Library to You Program. I understand that a record is kept on file of library materials checked out and my reading interests. I give permission for library staff to use my card number to check out materials on my behalf with the understanding that my reading history and interests will be kept confidential. I agree to be responsible for all materials checked out to this card and that I am responsible for replacement costs of lost and damaged materials.

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

CERTIFICATION OF ELIGIBILITY (TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL, PROFESSIONAL STAFF PERSON, OR LIBRARIAN) I certify that the applicant is unable to travel to the library due to:

Visual impairment  Disability  Lack of transportation  Other

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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