

Please indicate your preferences  
or you may request specific titles.

Fiction       Non-Fiction  
 Large Print       Regular Print  
 Audiobooks       DVDs

**Titles:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Northport-East Northport Public Library**

**151 Laurel Avenue      185 Larkfield Road**  
**Northport, NY 11768      East Northport, NY 11731**  
**(631) 261-6930      (631) 261-2313**

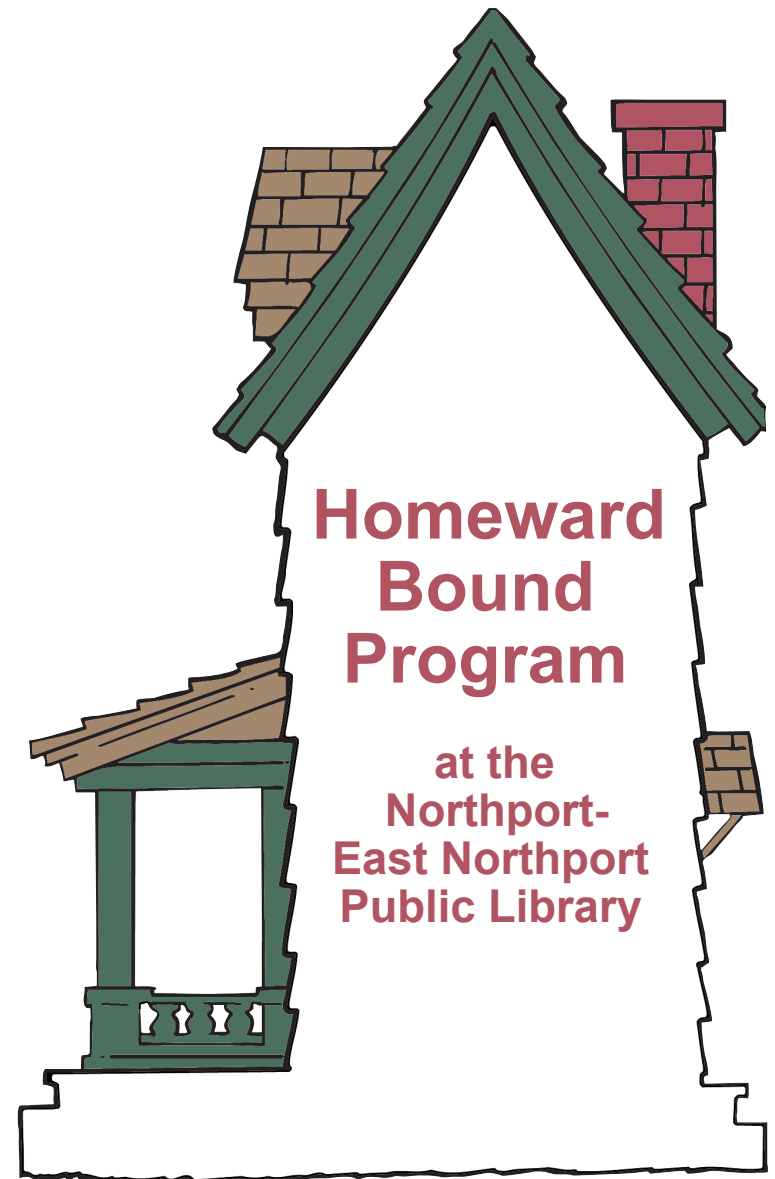
[www.nenpl.org](http://www.nenpl.org)

**HOURS**

**9 to 9 Monday thru Friday**  
**9 to 5 Saturday**

**1 to 5 Sunday (mid-September to mid-June)**

KH 3/2015



**Patron Application**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Age (unless adult) \_\_\_\_\_

**Eligible Disability: physical, visual, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certifying Authority:**

\_\_\_\_\_

(for example: physician, social worker, psychologist, etc.)

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**In case of emergency, contact:**

Family/Neighbor contact \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

I, \_\_\_\_\_

hereby authorize a member of the Northport-East Northport Library to use my library card to issue library materials to me.

Signature \_\_\_\_\_

**Please return this application to  
Denise Campbell, Outreach Librarian,  
at the Northport Public Library.**