

FREE DELIVERY IN CLALLAM COUNTY

LIBRARY MATERIALS
TO YOUR DOOR



MONTHLY
OUTREACH DELIVERY
SERVICE



www.nols.org/outreach

SIGN UP!

BY PHONE
360.417.8500 x7708

ONLINE
www.nols.org/outreach

BY EMAIL
Outreach@nols.org

BY MAIL OR DROP OFF
Mail completed application to:
North Olympic Library System
2210 S. Peabody St.
Port Angeles, WA 98362

Or deliver a completed application to your
local branch in Clallam Bay, Forks,
Port Angeles or Sequim.

After receiving your application, a Library staff
member will call you with more information.



APPLICATION

(Continued from other side)

- Do you plan to make your own selections for materials or would you like a Library staff member to select materials for you based on your preferences?
☐ I only want items that I select. ☐ I want Library staff to select materials for me. ☐ Both. ☐ I don't know.
- How many items would you like to receive each month? _____

PREFERRED FORMATS Please check all that you are interested in.

____ Books - REGULAR PRINT	____ DVDs	____ Audio-described DVDs
____ Books - LARGE PRINT	____ Music CDs	____ "Playaway" Books (Audio device)
____ Audiobooks on CD	____ Magazines	____ Digital Resources
		(eBooks, eAudiobooks, Downloadables)

WHAT MATERIALS?

Materials may be available in different formats such as books, large print books, audiobooks on CD, “Playaway” audiobook devices, DVDs, music CDs or magazines. Choose materials from the catalog or let Library staff select items specifically for you.



HOW OFTEN?

Deliveries are made monthly and will be determined by where you live and the Library’s delivery routes. Returns will be picked up on the same day that new materials are delivered.

WHO CAN APPLY?

Clallam County residents who are unable to regularly visit the Library. Barriers to using their Library location may be due to age, disability, injury or illness.

IS THIS FREE?

Yes!

Although there is no cost for the delivery service, fees still apply for lost or damaged items.



LIBRARY OUTREACH DELIVERY SERVICE APPLICATION

Name _____ Date _____

Address _____

Phone _____ Email _____

Have you ever had a NOLS library card? ☐ Yes ☐ No ☐ Don't Know

Secondary Contact: Name of friend or relative (optional) _____

Friend or relative's contact information (phone and/or email, optional) _____