

Today's Date: How did you hear about us?

Name (last, first): Birthdate:
mm/dd/yyyy

Do you have an Arlington Library Card? Yes No

If yes, please provide the number:

Do you live in a Senior Living Community? If yes, which one?

Street Address (*must be an Arlington resident to receive Books by Mail service*):

Apt #

Zip Code:

Phone: Email:

Name of secondary contact person (*family member, friend or caregiver*):

Name:

Relationship:

Phone / Email:

Who will be the primary contact? Patron Secondary Contact

Preferred Method of Communication: Telephone Email Note/Mail

Please briefly explain why you are requesting this service.

1. Which print format(s) would you like to receive? *(check all that apply)*

- Regular Type Books
 Large Print Books
 No Preference

NOTE: If physical or visual impairments make it difficult to read print, please ask us about the free **Talking Book service**.

2. Do you use an electronic device (e-reader or tablet) such as a Kindle or iPad to read e-books?

- Yes
 No
 If yes, would you like help accessing the library's eCollection on your device? Yes No

3. Would you like us to make selections for you?

- Yes
 Yes, but I will also make special requests.
 No, I will contact you with special requests only.

4. If we are helping to make selections, would you like us to send books to you as soon as we receive your returns (turnaround service)?

- Yes
 No, please wait until I request books.

5. If you have selected turnaround service, how many books would you like to receive at a time? *(Please note that this is approximate; you may receive more or fewer depending on availability and U.S. Postal Service delivery times)*

- 1 - 2 3 - 4 5+ *(only if you make requests)*

6. Which genres do you prefer? *(check as many as you wish)*

- Classics
- Detective/Mystery
- Fantasy
- Historical Fiction
- Horror
- Humor

- Literary Fiction
- Poetry
- Political Thrillers
- Romance
- Sci-Fi Thriller
- Westerns

Non-Fiction Topics

- Biography
- Cooking
- Current Events
- Health
- History
- Other _____

Particular Interests:

Favorite Authors:

Additional
Comments:

- I give permission to the Books by Mail Service at Arlington Public Library to keep a record of my reading history in order to select appropriate materials for me.
- I understand that I will not be charged late or overdue fines but I will be charged a replacement fee for any books that are lost.

Signature

Date

Now What?

Once we receive your application, we will contact you, usually by phone, to confirm your preferences. We will then set up or modify your library account and get you started with the service.

**Free Matter for the Blind
and Physically Handicapped**

TO:

**Arlington Central Library
Books by Mail Service
1015 N. Quincy St.
Arlington VA 22201**