



Queens Library

Enrich your life™

MAIL A BOOK APPLICATION

The Queens Library provides free Mail-a Book service to individual customers who are homebound or disabled and who have no access to a library. Books are sent in the mail, to the Reader, free of charge. Postage-paid labels for returning the books are also enclosed in reusable book bags. When books are returned to Mail-a-Book other books are automatically sent out. Books circulate for 45 days. If you need assistance filling out this form please call 718-464-0084. Return all applications to Queens Library Mail a Book Service, 94-11 217 Street, Queens Village, New York, 11428.

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Contact Person: _____

WHAT FORMATS DO YOU WANT?

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Hardcover | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Books | <input type="checkbox"/> Music on CD |
| <input type="checkbox"/> Paperback | <input type="checkbox"/> Regular Print | <input type="checkbox"/> Cassette/CD/MP3 | <input type="checkbox"/> Movies on DVD |

AREAS OF INTEREST

Fiction: Novels Mysteries Romance Westerns Horror Science Fiction, Suspense
 Poetry & Plays

Non-Fiction: Health & Fitness History Travel Biography Science Humor
 Crafts & Hobbies

Do you receive home-delivered meals?" Yes No

In order to comply with USPS regulations, if you have chosen audio books only, or large print books only, please complete the following (choose one).

If you are able to read regular print materials you are not required to fill out this section.

- Licensed Medical Doctor Registered Nurse Ophthalmologist or Optometrist
 Professional Staff Member of a hospital or health/social service agency

I certify that: Name _____ is homebound and has difficulty reading because of a visual impairment or has a physical disability that limits his/her ability to handle standard printed material.

Certified by: (signature): _____ Print or type name: _____

Your Signature _____ Date _____

*Requests will be filled as materials become available. Customers are responsible for lost library material
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