

Application for Books By Mail Service (please print)



DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FACILITY (IF APPLICABLE) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

CAREGIVER/ALTERNATE CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

**(PLEASE ATTACH A COPY OF YOUR DL OR STATE ID)**

APPLICANT'S SIGNATURE \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_

(Required for applicants ages 0-11)

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TO BE CERTIFIED BY A CAREGIVER OR LIBRARY STAFF:

I certify that \_\_\_\_\_ is physically unable to travel to the Library.

CERTIFIER'S NAME: \_\_\_\_\_ AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CERTIFIER'S SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

(\*An original signature is required)

If disability is temporary, please estimate length \_\_\_\_\_

**(MAIL COMPLETED APPLICATION TO:  
Malvern-Hot Spring County Library  
ATTN: Books-By-Mail Program  
202 East 3rd Street  
Malvern, AR 72104**

