ANNE ARUNDEL COUNTY PUBLIC LIBRARY

Pages 1 and 2 of this form can be filled out on your computer. After completing page 1 and 2 save, print and follow instructions on page 2 to complete rest of the form.

Library By Mail Application

(*Required fields)

Your full legal name*:_____

Street address*:_____

Facility name, if applicable*:_____

City*:_____ State*:_____ Zip code*:_____

Phone number*:_____ Email:_____

Date of birth: _____/_____/_____ (Format example: 08/01/1956)

Person to contact if we are unable to reach you

Name:_____ Phone:_____ Relationship:_____

Best time to be contacted: ☐ Morning ☐ Afternoon ☐ Evening

Preferred method of contact: ☐ Phone ☐ Email ☐ Through caregiver

ANNE ARUNDEL COUNTY
PUBLIC LIBRARY

Name and contact information of caregiver:

_____

Type of print material preferred:

☐ Large print ☐ Regular print ☐ Paperback ☐ Magazine

Type of non-print material preferred:

☐ Books on CD ☐ Music CD ☐ DVD ☐ PlayAway

How did you hear about *Library By Mail?*

_____

Do you have any additional comments or instructions?

_____

☐ Check here to give *Library By Mail* permission to keep a record of material sent to you to avoid duplication.

Please fill out the Eligibility Requirements and Certification form on the next page, sign the agreement, and return it with this completed form. Return the form via USPS mail to:

Library By Mail, Glen Burnie Library, 1010 Eastway
Glen Burnie, MD 21060

The forms may also be returned to the Glen Burnie Library in person.

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Library By Mail Eligibility Requirements

Please check the one (1) most applicable criterion:

☐Chronic Illness ☐Visual impairment ☐Disability ☐Injury/temporary Condition

☐Other_____

If injury/temporary condition, how long do you expect to be homebound?

_____

Certification of Eligibility

Certification of eligibility for *Library By Mail* service by a physician or other "certifying authority" is required. A "certifying authority is defined to include: doctors of medicine (physicians), doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, social workers or any professional approved by the librarian in charge of *Library By Mail* service at the Glen Burnie Library.

A certifying authority must complete this section certifying that the applicant of the included form has the condition indicated

Name_____ Title/Occupation_____

Agency address_____ Phone_____

Certifier Signature_____ Date_____

Applicant Signature

I hereby certify that I am eligible to receive *Library By Mail* service. I understand that I assume financial responsibility for the materials I receive, and for making sure the materials are returned to the Anne Arundel County Public Library.

Signature_____ Date_____