



BOOKS-BY-MAIL
PALM BEACH COUNTY LIBRARY ANNEX
4289 CHERRY ROAD
WEST PALM BEACH, FLORIDA 33409

To register for Books-By-Mail, please complete and mail this application.
Please Print

Name: _____
First Middle Initial Last

Street Address: _____

Apt., Box, or Lot No.: _____ City: _____

Zip Code: _____ Telephone: _____

Email Address: _____

I understand that I assume responsibility for the materials I receive. I will make sure the materials are returned by placing the items in the labeled green bag supplied by the Palm Beach County Library System and mailing it back at no charge if the envelope supplied is used. I understand that I will become ineligible for this service if I do not return library materials.

Signature **Date**

To qualify for Free Matter for the Blind, please have a doctor, registered nurse or other qualified person complete the following certification.

Reason applicant cannot use ordinary reading materials: (please check all that apply)

_____ Legally Blind _____ Physically Disabled
_____ Visually Impaired

CERTIFIED BY: _____ TITLE: _____

ADDRESS: _____

PHONE: _____

Homebound Reader's Profile

Please select format you would like to receive (select one or more):

_____ Large-Print Books _____ Regular Print Books _____ Audiobooks

_____ Please substitute books of these types if requested titles are not available.

_____ Mysteries	_____ Nonfiction:
_____ Romance	_____ History
_____ Suspense	_____ Travel
_____ Historical Romance	_____ Humor
_____ General Fiction	_____ Biography
_____ Science Fiction	_____ Cookbooks
_____ Adventure/Spy	_____ Self-Help
_____ Westerns	_____ Religion

Anything else we should take into account for our suggestions?
