Books-by-Mail Participation Criteria:
Books-by-Mail is for Library Users who are unable to leave home due to a permanent or temporary disability.

☐ I have read and understand the Books-By-Mail participation criteria.

Participant Contact Information:

FIRST NAME ______________________________ LAST NAME ______________________________

STREET ADDRESS ______________________________

ADDRESS LINE 2 ______________________________

LA

CITY ______________________________ STATE ______________________________ ZIP CODE ______________________________

PHONE NUMBER (include area code) ______________________________ EMAIL ______________________________

I don’t have or can’t find my library card number.

☐ I don’t have a library card and would like to receive an application.

☐ I don’t know my library card number and would like it to be sent to me.

LIBRARY CARD NUMBER ______________________________

First 1-4 book titles I would like to receive:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________