

**APPLICATION FOR BOOKS BY MAIL SERVICE
PROVIDED BY THE LINDENHURST MEMORIAL LIBRARY**

To be completed by applicant: Date: _____

Name: _____

Address: _____

Telephone _____

- Adult
 Young Adult – age ____
 Juvenile – age ____

To be completed by certifying authority:

Condition preventing applicant from coming to the library in person

If disability is temporary, please note length of time _____

Signature of person certifying _____

Certifying authority's relationship with applicant _____

Title: _____

Address: _____

Telephone: _____

Over

Reading preferences

Conventional print

Large print

Other

Send only the specific titles I will request

I wish to have books selected for me in the categories checked below:

Bestsellers

Science fiction

Biographies

Historical fiction

Classic novels

Humor

Mysteries

Poetry

Romance

Sports

Westerns

Short stories

My other reading interests are: _____

I do not wish to receive books that contain:

strong language

violence

explicit descriptions of sex

PLEASE RETURN TO

BOOKS BY MAIL PROGRAM
Lindenhurst Memorial Library
One Lee Avenue
Lindenhurst, New York 11757-5399