

Books-By-Mail Application Form

The Books-By-Mail program loans library materials by mail to people with special needs who cannot visit a local library regularly. This free program is open to qualified residents in the towns of Vestal, Union, and Binghamton, the villages in these Towns, and the City of Binghamton, NY. Patrons may borrow regular or large print books, or audio books.

Applicants will be notified by mail if they qualify.

*If you have questions, please contact us for more information:
Vestal Public Library, Information Services Department
(607) 754-4244*

1. Your Contact Information:

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email (if applicable): _____

2. Please select your reason(s) for needing specialized library service at home (check all that apply), and provide a detailed explanation:

- | | |
|---|---|
| <input type="checkbox"/> Visual impairment/low vision | <input type="checkbox"/> Recovery from illness or surgery |
| <input type="checkbox"/> Chronic disease or medical condition | <input type="checkbox"/> Physical disability |

Please provide a detailed description of your situation (required):

application continues on next page

3. Books-By-Mail packages are mailed directly to your home. Will a friend, family member, or caregiver be helping you to use this service?

Some examples of assistance might include:

Bringing the mailed packages to you from your mailbox;

Packing and setting your return packages out with your mail;

Communicating with Vestal Public Library for you (book requests and other communications can be made by phone or mail).

Yes **No**

If you answered yes, please provide the local contact information for the person who will be assisting you:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (if applicable): _____

4. Borrower's Agreement:

1) I certify that I am eligible to receive Books-By-Mail services due to my inability to use my local library for the reason(s) stated on the preceding page.

2) I agree to be responsible for all materials borrowed through my Four County Library System (4CLS) account and to pay all fees associated with it.

3) I will notify Vestal Public Library if the contact information for myself or my emergency contact changes or if the service is no longer needed.

Signed: _____ **Date:** _____

5. How did you hear about Books-By-Mail? (check all that apply):

website local library brochure current Books-By-Mail patron
 friend or family member other: _____

Please mail this completed application to:
Vestal Public Library, Books-By-Mail
320 Vestal Pkwy East, Vestal, NY 13850