



BROWARD COUNTY LIBRARY LARGE-PRINT BOOKS-BY-MAIL APPLICATION

Today's Date _____

Name _____ Birth Date _____

*E-mail Address _____ Phone () _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

*optional

If you are legally blind or visually impaired and can't get to a Broward County Library, you are eligible for Large-Print Books-by-Mail service. Large-Print books and/or descriptive videos will be mailed to you in a zippered bag on a regular schedule, and can be sent back to the library without postage. A variety of recreational and informational material is available. Upon your request, a librarian will help you with your selections. To apply for this service, complete this form, including the certificate of eligibility on the reverse side, and return it postage free.

For more details, call **954-357-5757** Monday through Friday, 10 a.m. to 6 p.m.

READING PREFERENCES:

- | | | |
|---|--|--|
| <input type="checkbox"/> Books Only | <input type="checkbox"/> Descriptive Videos Only | <input type="checkbox"/> Both |
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Biography | <input type="checkbox"/> Classics |
| <input type="checkbox"/> Historical Novel | <input type="checkbox"/> Humor | <input type="checkbox"/> Inspirational |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Romance | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Suspense | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Modern Fiction | Other _____ | |
- Please send me only the specific titles that I request.

How many items would you like to receive at one time? _____ What is the maximum number of items you would like to have in your possession at one time? _____ How often would you like to receive items? _____
How many items in one bag? _____ What language? _____

Please read carefully before signing:

I accept responsibility for the safekeeping of library materials borrowed against my card. I agree to give immediate notice of change of address, loss of card, or if I am no longer in need of the service. I agree to pay any fees imposed for loss, damage, or mutilation of library materials.

X _____
Signature of applicant

For Library Use Only: Card # _____

Large-Print Books-by-Mail
100 S. Andrews Ave.
Fort Lauderdale, FL 33301

**FREE MATTER
FOR THE BLIND OR
HANDICAPPED**



TO:

CERTIFICATE OF ELIGIBILITY

Eligibility Criteria:

1. Legally Blind.
2. Persons with a visual disability who, even with correction and regardless of optical measurement, are unable to read regular print material.

This certificate of eligibility must be signed by an authorized professional, such as: M.D., doctor of osteopathy, ophthalmologist, optometrist, R.N., therapist, or medical social worker.

TO BE FILLED OUT BY AN AUTHORIZED PROFESSIONAL

(Applicant's Name) _____ cannot use regular library materials because he/she is legally blind visually impaired.

Certified By _____ Title _____

Address _____

City _____ FL Zip _____ Phone _____

Visit Broward County Library at www.broward.org/library

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS — An Equal Opportunity Employer and Provider of Services

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Name _____

Address _____

City _____ State _____ Zip _____

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