

THE NEW YORK PUBLIC LIBRARY
THE BRANCH LIBRARIES

Books-By-Mail
Mid-Manhattan Library
5 East 39th Street
New York, NY 10016

BOOKS-BY-MAIL APPLICATION

Welcome to The New York Public Library's Books-by-Mail service. This service provides a convenient way to obtain and return library materials by mail. It is available to homebound persons of all ages, who **live in Manhattan, the Bronx or Staten Island.**

Books-By-Mail is only for persons unable to leave the house due to a disability, whether temporary or permanent. If your disability is temporary, you are welcome to apply for as long as you qualify for Books-By-Mail. Fill out the application below and have it signed by a physician, nurse or social worker. You may also list your first requests for books, videos or audio materials on the back of this form.

As soon as we are able to fill your requests, we will mail your materials to you, postage prepaid. Each item comes with a date due card. To return the items, simply repack them in the handy mailer in which they arrive.

The Library will make every effort to fill your requests. If the item you want is not available, you will be notified. **Please note:**

- (1) books, recordings and videos are available through this service
- (2) we reserve the right to send either a paperback or hardcover book
- (3) requests for popular new titles may mean a longer wait.

If you need assistance, call the Books-by-Mail hotline at 212-621-0564 (VOICE) or 212-930-0950 (TTY) and leave a message on the 24 hour answering machines. Please leave your name and phone number and a Library staff member will get back to you. Please fill in all information below and on the back, then mail to the address at the top of this page.

please print:

NAME _____ **TELEPHONE#**(____)_____
First Last area code

ADDRESS _____
No. Street apt. #

BOROUGH _____ **ZIP CODE** _____

READER'S SIGNATURE _____ **DATE** _____

TO BE FILLED OUT BY PHYSICIAN, NURSE, SOCIAL WORKER:

I consider _____ physically unable to travel to the library.
print reader's name

SIGNATURE _____ **PRINT NAME** _____

ADDRESS _____

TELEPHONE # _____ **AFFILIATION** _____

IF DISABILITY IS TEMPORARY, PLEASE ESTIMATE LENGTH _____

BOOKS-BY-MAIL READER INTEREST SURVEY

READER'S NAME _____

AGE LEVEL (circle one):

ADULT TEENAGE CHILD (grade level____)

FORMAT PREFERENCES (please circle choice for each):

HARDCOVER yes no PAPERBACK yes no
LARGE PRINT yes no STANDARD PRINT yes no
BOOKS ON TAPE yes no BOOKS ON CD yes no
MUSIC ON CD yes no VIDEOCASSETTES yes no DVDs yes no

QUANTITY PREFERRED IN EACH SHIPMENT:

BOOKS____ AUDIOBOOKS____ VIDEOS/DVDS____

READING PREFERENCES: (please check one of the choices below)

___ Please do not select books for me. Send only the titles I request.
___ Please select books for me from the categories below. (In addition, I may select specific titles whenever I wish.)

FICTION (circle your selections of subjects that interest you)

Mysteries Suspense Fantasy Science Fiction Horror Adventure
Romance Animals Humor Historical Fiction
War stories Westerns Serious Fiction Literary Classics
Short stories Ethnic Heritage_____ Other_____

specify

specify

NON-FICTION (Circle your selections of subjects that interest you)

Psychology Occult Current Events Politics Business Disabilities
Animals Cooking Health Art Poetry Plays Humor
Sports Travel Adventure World History U.S. History War Stories
Biography(current only) Biography(general)
Music_____ Science_____ Ethnic Heritage_____

specify

specify

specify

Religion_____ Computers_____ Other_____

specify

specify

specify

LANGUAGE PREFERENCES:

Do you wish to receive books in languages other than English? yes ___ no___
List other languages you wish to receive: _____
Do you also want books in English? yes___ no___

AUTHORS I LIKE TO READ: _____

SEND VIDEOS ON THESE SUBJECTS: _____

MY FIRST REQUESTS ARE:

- 1. _____
- 2. _____
- 3. _____