

DMPL Books by Mail

Application for Services

*Must be a Des Moines resident

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

Library Card Number
(if applicable) _____

Birth Date _____

Eligibility

Indicate the primary disability preventing you from coming to the library to get materials. **Check only one box.** Eligibility must be substantiated by certifying authority.

Blindness/Visual Impairment

Physical disability

Certification

To Be Completed by Certifying Authority*

I certify the applicant named on page one has requested library service and is unable to read regular print materials or come in to the library to access materials for the reason indicated on the previous page.

Please print or type:

Certifier's Name: _____
Last First M.I.

Organization: _____
Street Address

Title/Occupation: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Signature: _____ Date _____

*In cases of blindness, visual impairment, or physical limitations, "competent authority" is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private welfare agencies (e.g., social workers, case workers, counselors, rehabilitation teachers, and superintendents). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.



Tell us more about what you like!

Book Formats

- CD Audiobooks
- Regular Print Books
- Large Print Books

List some of your favorite authors or series

Book Selection

- Select books for me
- Do not select books for me

Do you have any special requests?

Book Genres

Fiction

- Children's
- Classics
- Fantasy
- Historical Fiction
- Humor
- Inspirational Fiction
- Mysteries
- Poetry
- Romance
- Science Fiction
- Short Stories
- Urban Fiction
- Westerns
- Young Adult

Nonfiction

- Biographies
- Business
- Computers
- Cookbooks
- Crafts
- Gardening
- Health & Fitness
- History
- House & Home
- Memoir
- Music
- Religion
- Self-help
- Travel
- True Crime

Music Selection

- Select music for me
- Do not select music for me

Do you have any special requests?

Music

Music

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Blues | <input type="checkbox"/> Pop |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Rap |
| <input type="checkbox"/> Country | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Opera | <input type="checkbox"/> Show Tunes |

Applicant Agreement

I AGREE TO:

- Return all items on time
- Follow the policies of the library
- Report loss or theft of materials promptly
- Report change of name or address promptly

Signature: _____ Date: _____

Return Application To:
 Des Moines Public Library
 Information Services
 DMPL by Mail
 1000 Grand Avenue
 Des Moines, IA 50309

