DMPL Books by Mail Application for Services

*Must be a Des Moines resident

Applicant Information				
Full Nam	e:			
	Last	First	M.I.	
Address:				
	Street Address	3	Apartment/Unit #	
	City	State	ZIP Code	
Phone:		Email		
Library C	ard Number able)			
Birth Date	e _			
		Eligibility		
	•	ability preventing you from coming to the like no box. Eligibility must be substantiated b	•	
☐ Bli	indness/Visual	Impairment		
□ Ph	nysical disability	/		



Tell us more about what you like!					
Book Formats					
CD Audiobooks					
☐ Graphic Novels					
☐ Regular Print Books					
☐ Large Print Books					
J					
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	Nonfiction				
☐ Children's	Biographies				
☐ Classics	Business				
□ Fantasy	Computers				
Historical Fiction	Cookbooks				
☐ Humor	□ Crafts				
Inspirational Fiction	□ Gardening				
■ Manga	☐ Health & Fitness				
■ Mysteries	☐ History				
☐ Poetry	☐ House & Home				
☐ Romance	■ Memoir				
□ Science Fiction	☐ Religion				
☐ Short Stories	☐ Self-help				
Urban Fiction	☐ Travel				
□ Westerns	□ True Crime				
Young Adult					



DVDs				
DVDs				
Select Movies for me	Select TV Shows for me			
☐ Do not select Movies for me	Do not select TV Shows for me			
	what type of movies and shows do you W" collection are not eligible for checkout.			
Music				
Music ☐ Select music for me ☐ Do not select movies for me Do you have any special requests?				
Music □ Blues □ Classical □ Country □ Jazz □ Opera	☐ Pop☐ Rap☐ Religious☐ Rock☐ 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

