Application for Books By Mail

Information will only be used to provide Books By Mail Services. Please complete this form, save as a PDF and send to <u>booksbymail@berkeleyca.gov</u>

Name						
Street Address						
	Berkeley,	CA Zip Code	2			
Phone		Email				
Birth Year		Drivers Californ	License/ ia ID#			
Do you hav	e a current Berke	ley Public Library	card?			
YES (If YES, please prov	/ide your card nur	nber: 21913	000		
NO						
I acknowle	edge I will be res	sponsible for ensu	uring all library I	materials borrowe	ed by me are	
	edge I will be res nd appropriate fe			materials borrowe	ed by me are	
	l cert	ify that I qualify	for the Books By	Mail Service		
Applicant				Date		
Signature						
	For question	s or help with t	this applicatio	n call 510-981-0	6177.	
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FAX: 510-981-6111 FAX: 510-843-1603