

REQUEST FOR BOOKMOBILE SERVICE



Contact Name _____

Phone _____

Location Address _____

Fax _____

Organization _____

Date: _____

Name of Person in Charge:	Agency Name:
Preferred day for a bookmobile visit (Circle best day or days) Mon Tues Wed Thurs Fri Sat	Description of the desired location: (Childcare, Assisted Living, Public Park, After-school Program, Recreation Center, etc.)
Preferred time of day for a bookmobile visit: (Circle one or more) 10:00-11:00 12:00-1:00 2:00-3:00 4:00-5:00	Estimated number of individuals who will be served at this location: Children _____ Age range _____ Adults _____
Restrooms available and open for staff? YES NO	Special Needs Comments or Questions
Weekly parking space for a 37-foot bus? YES NO	
Can your agency staff provide assistance? YES NO	

Fax the completed request to (305) 480-1748

Or mail the completed request to:
 Bookmobile Services
 West Dade Regional Library
 9445 Coral Way Miami, FL 33165

The Miami-Dade Public Library System reserves the right to change the bookmobile schedule as needed. Your request will be considered when there is an opening in the schedule. For further information, please call (305) 480-1729.