



Name: _____

Street Address: _____

Facility name, if applicable: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

Date of birth: ____/____/____

Do you have a Buffalo & Erie County Public Library Card? Yes No

If YES, please provide the number from the back of the Library card: 1000 _____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I have read the *Library by Mail* flyer and understand the service is intended for patrons who are homebound or have no other reliable way to use a Buffalo & Erie County Public Library facility. I certify that I qualify for the service and I am liable for fees for any lost/damaged items borrowed.

Applicant Signature: _____ Date: _____

Yes No I give permission to the Buffalo & Erie County Library System to keep a record of library materials sent to me to avoid duplication.

Person to contact if we are unable to reach you:

Name: _____ Phone: _____ Relationship: _____

Return Applications by mail to: Library by Mail

**Buffalo & Erie County Public Library – Central Library
1 Lafayette Square
Buffalo, NY 14203**

Questions? Call 716-858-7126 or email librarybymail@buffalolib.org