



Books by Mail

*c/o Lake Wales Public Library
290 Cypress Garden Lane
Lake Wales, Florida 33853-3744
(863) 679-4441, (866) 679-4441
FAX: (863) 678-4051*

Application for Service

NAME: _____

ADDRESS: _____ APT or LOT #: _____

CITY, ZIP CODE: _____

PHONE: _____ DATE: _____

I am a resident of Polk County who is physically unable to visit any of its public libraries because (check one):

_____ I have a physical disability or chronic illness

_____ I am convalescing form surgery or illness

_____ I experience a loss of mobility associated with the aging process

I give permission to Polk County Library Cooperative's BMail service to keep a record of the library materials sent to me in order to avoid duplication. This information is confidential.

Signature: _____