Books By Mail Request Form
Please complete this form and return it to the Cedar Rapids Public Library. We will contact you before mailing out any materials. We hope you enjoy receiving Books by Mail.

First Name: ________________________________________________________________________________________________

Last Name: ______________________________________________________________________________________________________ MI: ___________________

Email: _______________________________________________________________________________________________________________________

Home Phone: _________________________________Cell Phone Number: ________________________________________________

How do you prefer to be contacted?

□ Home Phone
□ Cell Phone
□ Email

Address: ___________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Do you have a library card?

□ Yes
□ No

What types of materials would you be interested in receiving?

□ Fiction
□ Non-Fiction
□ DVDs
□ Audio Books on CD
□ Music CDs

Do you need large print books?

□ Yes
□ No

How many books per mailing? ________

How often would you like books mailed out? (Please circle one) Weekly    Bi-weekly    Monthly

Who are your favorite authors? ________________________________________________________________________________

What are some of your favorite titles? ______________________________________________________________________________

How did you learn about Books by Mail? ______________________________________________________________________________

Please Return to:
Cedar Rapids Public Library, attn: Books by Mail
450 Fifth Ave. SE
Cedar Rapids, IA 52401