



Books By Mail or Delivery 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 this service.

First Name: _____

Last Name: _____ MI: _____

Email: _____

Home Phone: _____ Cell Phone: _____

How do you prefer to be contacted?

- Home Phone
- Cell Phone
- Email

Address: _____

Do you have a library card? Yes No

Which service would you prefer? Books by Mail Books by Delivery

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/delivery? _____

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