

**APPLICATION FOR NEIRRS RECEIVER**

Allen County Public Library  
**Northeast Indiana Radio Reading Service**  
7615 DiSalle Blvd.  
Fort Wayne, IN 46825

Phone: (260) 421-1376  
Fax: (260) 421-1387  
NEIRRS@acpl.info

**LISTENER:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECOND CONTACT PERSON – to assist with return of radio if no longer needed:**

Name: \_\_\_\_\_ relationship to Listener \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

What is your print disability / reason requesting service? \_\_\_\_\_

How did you learn about NEIRRS? \_\_\_\_\_

**(Circle answers below – to help us apply for grant dollars to continue our service)**

**Race:** Caucasian African American Hispanic/Latino Native American Other \_\_\_\_\_

**Income:** Under \$10,000 10,000 - 15,000 15,001 - 20,000 20,001 - 25,000 25,001 - 30,000  
30,001 - 45,000 45,001 - 55,000 Over 55,000

**Number in Home:** 1 2 3 4 5 or more

**STATEMENT OF AGREEMENT AND RESPONSIBILITY**

I understand that the Northeast Indiana Radio Reading Service (NEIRRS) receiver is on loan to me and remains the property of the Allen County Public Library and must be returned to NEIRRS when it is no longer needed. I agree to pay the replacement cost of the receiver if it is not returned.

**Signature of responsible party** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Check ONE:** Mail radio to listener  Mail radio to contact person

**Send completed form to: NEIRRS 7615 DiSalle Blvd., Fort Wayne, IN 46825**

To return or request replacement – take NEIRRS radio to any Allen County Public Library branch to forward to NEIRRS. Be sure to include your name, address and reason for return. Also include note of request if wanting replacement.

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- FOR OFFICE USE ONLY -

Date mailed \_\_\_\_\_ Date returned \_\_\_\_\_ Reason for return \_\_\_\_\_

Receiver # \_\_\_\_\_ Comments \_\_\_\_\_