

Application for Audio Reading Service Radio

Allen County Public Library
Audio Reading Service
7615 DiSalle Blvd., Fort Wayne, IN 46825

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

Listener:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Alternative Contact Person:

Name: _____ Relationship to Listener: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

What is your print disability/reason requesting service? _____

Are there any other medical conditions? _____

How did you learn about the Audio Reading Service? _____

Would you like Braille documents when possible? Yes No

Would you like an audio-CD version of our broadcast schedule? Yes No

(OPTIONAL: 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 Audio Reading Service programming is intended solely for individuals who are visually impaired or have other reading challenges, and may not be broadcast or redistributed without the consent of the Audio Reading Service. As an individual listener and/or authorized contact, any radio mailed to me by the Audio Reading Service is on loan from and remains the property of the Allen County Public Library. I agree that I, my authorized alternative contact, or other responsible persons will return the radio when no longer in use.

Signature of responsible party _____ Date _____

Please check ONE: Mail radio to listener Mail radio to contact person

Send completed form to: Audio Reading Service 7615 DiSalle Blvd., Fort Wayne, IN 46825

To return or request replacement, take radio to any Allen County Public Library branch; staff will forward to the Audio Reading Service. Be sure to include your name, address, and reason for return. If a replacement radio is needed, please include a note to let us know. Thank you!

– FOR OFFICE USE ONLY –

Date mailed _____ Date returned _____ Reason for return _____

Radio # _____ Comments _____