

## **BOOKMOBILE STOP REQUEST FORM**

Please complete this form to be considered for a spot on the bookmobile schedule.

Name of Organization:	Date:
Address:	
Contact Person: Phone:	
E-mail Address:	
Alternate Contact Person:	
Interest (circle): June-August or September-December or January-May or	Year Round
This Location has:  Sufficient Parking/Clearance * Flyers / Communit  Safe Access for Patrons Newsletter  Year Round Accessibility Signs  Restrooms for Bookmobile Staff Website  Cellular Coverage Facebook Page  Preferred day for Bookmobile Services (M-TH):	
Preferred time of day for Bookmobile Services(9-4):	
Estimated number of individuals served at this location:	
Children Teens Adults Seniors (65+) Fa	amilies
What library services would most benefit this location? (Materials Checkout: Books, Audios	s, DVDs; free WIFI access)
Comments or Questions:	

## Please submit your request to:

AHJ Regional Library, P. O. Box 280 Allendale, SC 29810

Or email this form to Tommy Peeples at: tpeeples@ahjlibrary.org

\*parking and maneuverability for 26 ft. vehicle.