



REQUEST FOR BOOKMOBILE SERVICE

Applicant/Contact Name: _____ Phone: _____

Location Address: _____

E-mail: _____ FAX: _____ Date: _____

Community/Organization: _____
(e.g., Residential Community, Childcare, Assisted Living, Public Park, After-school Program, School, Recreation Center, etc.)

Estimated number of individuals who will be served at this location:
Children/Teens _____ Adults _____ Seniors (Age 65+) _____

Special Needs: _____

Preferred day for bookmobile visit (M-F) _____ Preferred time of day for visit: _____

I have read the Bookmobile Stop Criteria Statement and feel this location would make a good stop because:

This location has:

- Sufficient parking/clearance for a 32' Bookmobile (minimum of 6 parking spaces)
- Safe access for customers
- Adequate traffic (people)
- Area open to the general public
- Year-round accessibility
- Restrooms for bookmobile staff

We would be able to support this stop the following ways:

- Flyers
- Newsletters
- E-blasts
- Signs
- Volunteers
- Other: _____

Comments or Questions: _____

Please e-mail the completed request to: libbe@sjcfl.us; FAX to: **(904) 827-6930**; or mail to:
St. Johns County Public Library System
Bookmobile-Extension Services Department
6670 US 1 South
St. Augustine, FL 32086
(904) 827-6944 or (904) 827-6928