



**Cobb County
Public Library**

BOOKS BY MAIL

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Library Card Number: _____ -

If you do not have a library card please state so here: _____ -

Statement of Eligibility*

I am a resident of Cobb County and am homebound because of:

Chronic Illness: ☐

Physical Disability: ☐

Residing in a Care Facility: ☐

Disclaimer and Signature

I understand that I am responsible for any damage or loss of material. I further understand that to participate in the Books by Mail Program I agree to return materials by their due date.

Signature: _____ Date: _____