



Book Mobile Service Request Form

FACILITY NAME: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF FACILITY: (Early Learning, Public School, Relative Provider, etc.)

IF PLACED ON BOOK MOBILE SCHEDULE, PLEASE WRITE THE BEST DAY AND TIME
TO BE PLACED ON ROUTE: _____

HOW MANY CLASSROOMS ARE IN YOUR FACILITY THAT WILL BE UTILIZING THE
BOOK MOBILE? _____

IN A FEW SHORT WORDS EXPLAIN HOW THE BOOK MOBILE WILL ENHANCE YOUR
FACILITY'S LEARNING ATMOSPHERE: _____

Printed Name: _____

Signature: _____ Date: _____

By signing this form you are agreeing to the Osage Nation Book Mobile terms and conditions. If you have any questions regarding this application please contact the Osage Nation Child Care Department at 918-287-3325.

Osage Nation Child Care Department
239 W. 12th St., Pawhuska, OK 74056

Resource Specialist: Destinie Lookout
Email: destinie.lookout@osagenation-nsn.gov
Phone: 918-287-3325
Fax: 918-287-5220