



MONTANA TALKING BOOK LIBRARY
 PO Box 201800, Helena MT 59620-1800



Phone: 406-444-2064
 Website: msl.mt.gov/tbl

Toll Free in Montana: 1-800-332-3400
 E-mail: mtbl@mt.gov

APPLICATION FOR FREE LIBRARY SERVICE – INSTITUTION
 (Please Print or Type)

INSTITUTION NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

DAYTIME PHONE #: _____ **ALTERNATE PHONE #:** _____

EMAIL: _____

Name of a person responsible for books, equipment and accessories:

NAME: _____, _____
 (TITLE/OCCUPATION)

CERTIFICATION TO BE COMPLETED BY FACILITY DIRECTOR, ADMINISTRATOR, or other professional staff as defined by the National Library Service. (See page 2 of guidelines). I certify that the institution named serves individuals who are unable to read or use standard print material due to blindness, visual disabilities, or physical limitation. (See attached Eligibility Requirements). I further certify that the reading materials and equipment borrowed will be used by such persons only.

Please Print or Type Information

Signature _____	Date _____
Certifying Authority	
Name _____	
Title/Occupation _____	Organization _____
Street address _____	Telephone (____) _____
City _____	State _____ ZIP _____
<p>AN ORIGINAL SIGNATURE IS <u>REQUIRED</u>. FAXES, COPIES OR EMAILS <u>CAN NOT</u> BE ACCEPTED</p>	

HOW DID YOU LEARN ABOUT US? Please help us assess where you learned about the **Montana Talking Book Library**. It will help us plan our educational and outreach programs. Check one or more of the following that apply:

- | | |
|---|---|
| <input type="checkbox"/> Another talking book or Braille Reader | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> School System | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Montana Services for the Visually Impaired | <input type="checkbox"/> Public Media |
| <input type="checkbox"/> Other: (please explain) _____ | <input type="checkbox"/> Healthcare Facility |
- Would you like a presentation about our library services?

(Contact name, phone number, and email address)



*Regional Library of the National Library Service
For the Blind and Physically Handicapped
The Library of Congress*



INSTRUCTIONS FOR RETURNING APPLICATION FORM: 1) Fold application form in half; 2) Tape closed before mailing; 3) Return postage is NOT necessary.

MONTANA TALKING BOOK LIBRARY
1515 EAST 6TH AVENUE
PO BOX 201800
HELENA MT 59620-1800

FREE MATTER
F/T BLIND & PHYSICALLY
HANDICAPPED

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INSTITUTION