

Sno-Isle Libraries – Library on Wheels

Request for Bookmobile Services

Date: _____

CONTACT INFORMATION

Person requesting stop: _____

Address: _____

Phone number: _____ Cell: _____ *City* *Zip*

Email address: _____

IF FACILITY

Facility name: _____

Site Manager's name: _____

Address: _____

Phone number: _____ Cell: _____ *City* *Zip*

Email address: _____

Building Security/Emergency contact—

Name: _____ Phone: _____

SITE INFORMATION

Site of requested stop: _____

Location:

	YES	NO
Is site off the road? *	<input type="checkbox"/>	<input type="checkbox"/>
Is site level? *	<input type="checkbox"/>	<input type="checkbox"/>
Is site paved?	<input type="checkbox"/>	<input type="checkbox"/>
Would entrance door (passenger side) be away from traffic? *	<input type="checkbox"/>	<input type="checkbox"/>
Does the site accommodate parking of a 25-foot vehicle? *	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clear access for Bookmobile parking? *	<input type="checkbox"/>	<input type="checkbox"/>
Will space be reserved for Bookmobile parking? *	<input type="checkbox"/>	<input type="checkbox"/>
Will sidewalks be cleared of ice, snow, leaves, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Are restroom facilities available for library staff?	<input type="checkbox"/>	<input type="checkbox"/>
Is there access to a 110 or 220 electrical outlet?	<input type="checkbox"/>	<input type="checkbox"/>
Is WiFi available on site?	<input type="checkbox"/>	<input type="checkbox"/>
Is the nearest library branch more than 5 miles away?	<input type="checkbox"/>	<input type="checkbox"/>

*Required

Alternate parking location: _____

CUSTOMER INFORMATION

How many residents are in vicinity/in residence? _____

What is the age range of potential customers? _____

Are you residents sufficiently mobile to get into the Bookmobile (3 steps)? _____

Would residents need wheelchair access? _____

What time do the children return from school? _____

Do potential customers need foreign language materials? _____

What languages? _____

What times of the day would we see the most people? _____

Would building/facility staff be available during stop? _____

PUBLICITY

	YES	NO
Do you have a resident newsletter?	<input type="checkbox"/>	<input type="checkbox"/>
If so, will you include Bookmobile information in it?	<input type="checkbox"/>	<input type="checkbox"/>
Are we able to post signs announcing the stop?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a web page?	<input type="checkbox"/>	<input type="checkbox"/>
Would you provide a link to the library's web page?	<input type="checkbox"/>	<input type="checkbox"/>

Other ways to publicize stop? _____

DRIVING DIRECTIONS FROM I-5

Any other pertinent information you can provide to help us serve you better:

Please fill out and mail to:

Leslie Moore
Children's and Outreach Services Manager
7312 35th Ave NE
Marysville, WA 98271

See next page for petition of at least 10 users



**Sno-Isle Libraries – Library on Wheels
Request for Bookmobile Services**

Facility Name: _____

PLEASE SIGN BELOW TO REQUEST A BOOKMOBILE STOP AT THIS LOCATION:

	NAME	ADDRESS	PHONE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

Submit with completed Request for Bookmobile Service form

