

Miami-Dade Public Library System
REQUEST FOR MOBILE LIBRARY SERVICES



Name _____ Phone _____

Address _____ Fax _____

Organization _____ Date _____

Name of Person in Charge:	Agency Name:
Circle preferred day(s) for Mobile Library visit: Mon Tues Wed Thurs Fri Sat	Description of desired location: (Childcare, Assisted Living, Public Park, After School Program, Recreation Center, etc.)
Circle preferred hour(s) for Mobile Library visit: 10-11 a.m. 12-1 p.m. 2-3 p.m. 4-5 p.m.	Estimated number of individuals who will be served at this location: Children _____ Teens _____ Adults _____
Restrooms available and open for staff? Yes No	
Weekly parking space for a 37-foot bus? Yes No	Special Needs:
Can your agency staff provide assistance? Yes No	
Comments or Questions: _____ _____	

Fax the completed request to 305-480-1748

Or mail the completed request to:

Mobile Library Services
 North Dade Regional Library
 2455 NW 183 St., Miami Gardens, FL 33056