

**APPLICATION FOR DEPOSIT LIBRARY SERVICE**

Library Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

E-mail: \_\_\_\_\_

Types of Services Requested – please indicate any/all services your institution wants to receive

Digital book service

Books in Braille

The New Jersey State Library Talking Book & Braille Center is supported with funds from the Institute of Museum and Library Services.





**TALKING BOOK & BRAILLE CENTER**  
**2300 Stuyvesant Avenue**  
**Trenton, NJ 08618-3226**  
**1-800-792-8322**  
**[www.njstatelib.org/tbbc](http://www.njstatelib.org/tbbc)**

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LIBRARY NAME: \_\_\_\_\_

**AUTHORIZATION SIGNATURE**

Authorization by facility director or library director is required in order for this application to be processed.

As Director of this facility, I certify that this facility regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request a Deposit Account with the New Jersey State Library Talking Book & Braille Center in order to provide these individuals with the opportunity to enjoy recorded materials.

Date of Request: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

**Email, fax or mail completed application to:**

**New Jersey State Library**

**Talking Book & Braille Center**

**Attention: Mary Kearns Kaplan**

**2300 Stuyvesant Avenue**

**Trenton NJ 08618**

**Email: [tbbc@njstatelib.org](mailto:tbbc@njstatelib.org)**

**Fax: 609-406-7181**