



HOLOHOLO BOOKMOBILE SERVICE REQUEST FORM

Type of Stop: Institution School Neighborhood Other

Name of Requestor: _____ Date: _____

Facility/Institution: _____

Address: _____

E-mail address: _____ Phone: _____

Description of where we would park: _____

Preferred day of the week (number 1-4, 1 being first choice): ___ Mon ___ Tues ___ Wed ___ Thurs

Preferred time of day: morning afternoon

Preferred frequency of stops: Every 3 weeks Less than every 3 weeks One time event

Anticipated regular attendance: _____

Anticipated age levels present for stop: (check all that apply)

Preschool Children Teens Adults Seniors

The proposed location has/is: (check all that apply)

- Space and parking on level ground to accommodate bookmobile (30' long; 8' awning extension)
- 30 amp electrical access (preferred)
- On-site staff/volunteer to be present during any bookmobile service
- Restroom facilities for library staff
- Open and accessible to the general public
- Safe and sufficient outdoor lighting for stops after dark

Requested Special Programming: (briefly describe in the space provided below)

Story time Crafts Library Services Orientation Other

Return completed form to Jessica Gleason, Bookmobile Librarian
Wailuku Public Library, 251 S. High St., Wailuku, HI 96793
(808) 243-5766 phone (808) 243-5768 fax
jessica.gleason@librarieshawaii.org



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