

APPLICATION FOR LIBRARY SERVICE						1. ACCOUNT NO.	2. DATE (YYYYMMDD)	
UNIT INFORMATION								
3. COMPLETE U.S. (APO) MAILING ADDRESS				4. LOCAL ADDRESS (Street, City, Country, Postal Code)				
5. DSN PHONE NUMBER	6. COMMERCIAL PHONE NUMBER	7. FAX NUMBER		8. UNIT E-MAIL ADDRESS				
9. DEMOGRAPHICS OF U.S. PERSONNEL AUTHORIZED LIBRARY								
Provide the number of authorized users for your unit only. Branch libraries provide information for entire community.								
U.S. MILITARY		U.S. CIVILIANS			FAMILY MEMBERS			TOTAL
MALE	FEMALE	RETIRED	DOD CIVILIANS	U.S. CONTRACTORS	ADULTS	TEENS	CHILDREN K-6	CHILDREN 5 yrs and under
10. LOCATION INFORMATION								
Answer the following questions about your location:								
NEAREST DOD LIBRARY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY			LOCATION			NUMBER OF MILES FROM UNIT		
CAN YOU PROVIDE A SEPARATE LIBRARY FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO				CAN YOU PROVIDE AN AREA FOR LIBRARY MATERIALS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
11. POINT OF CONTACT (POC) INFORMATION								
Assign a unit POC to manage library materials. If possible, someone with at least one year left on assignment.								
a. PRIMARY POC								
NAME (Last, First, Middle Initial)					RANK	DEROS (MMDDYYYY)		
E-MAIL ADDRESS				SIGNATURE				
PHONE NUMBER								
b. ALTERNATE POC (If available)								
NAME (Last, First, Middle Initial)					RANK	DEROS (MMDDYYYY)		
E-MAIL ADDRESS				SIGNATURE				
PHONE NUMBER								
12. COMMANDER'S AUTHENTICATION								
NAME (Last, First, Middle Initial)						RANK		
E-MAIL ADDRESS				SIGNATURE				
PHONE NUMBER								
13. REMARKS								
14. RETURN COMPLETED FORM TO:								
E-mail: usafe.lsc@ramstein.af.mil				Mail: FL 5510				
DSN Fax: (314) 480-8551 or 6727				USAFE Library Service Center				
Comm Fax: xx49-6371-47-8551/6727				Unit 3050 Box 30				
				APO AE 09094-5030				