

APPLICATION FOR RADIO RECEIVER

FOR OFFICE USE ONLY:

Date Received:

Radio ID Number:

Delivery Date:



Return completed form to:

Owl Radio
1250 NE Loop 410, Suite 630
San Antonio, TX 78209

Questions? Call (210) 829-4223

How would you like to listen to Owl Radio?

- Please send a radio receiver (you must be within our broadcasting range)
- By telephone at 605-468-5722
- On-line at www.owlradio.org

APPLICANT INFORMATION:

DATE: ___/___/___ NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ E-MAIL: _____

DATE OF BIRTH: ___/___/___ SEX: Male Female

ETHNICITY: White Black Hispanic American Indian Asian Other

MEMBER OF THE LOW VISION CLUB: Yes No Would Like Information

NEAREST RELATIVE OR FRIEND:

NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ E-MAIL: _____

DONATION: Though provided free of charge, Owl Radio must purchase our receivers. A donation of \$35.00 or more is appreciated, but not required, to help pay for this service. Checks or money orders should be made payable to Low Vision Resource Center. Your donation is tax deductible.

RECIPIENT AGREEMENT:

I am applying for a special radio receiver from the Low Vision Resource Center. I agree to return the radio receiver when I no longer have use for it or if I move out of the broadcast area.

APPLICANT'S SIGNATURE: _____ DATE: ____/____/____

CERTIFICATION OF STATUS FOR OWL RADIO RECEIVER

CERTIFICATION:

I certify that _____ is unable to read standard size print due to the following visual, physical and/or perceptual reason _____

SIGNATURE: _____ DATE: ____/____/____

PROFESSIONAL MAKING CERTIFICATION:

NAME: _____ TELEPHONE: (____) _____

- MD Psychologist Ophthalmologist Optometrist Counselor
- Teacher Rehab Worker Other Title: _____

COMPANY/ORGANIZATION: _____

I HEARD ABOUT OWL RADIO FROM:

- Texas Department of Assistive and Rehabilitative Services Prevent Blindness
- Veterans Administration Lighthouse Other: _____