

# APPLICATION FOR RADIO RECEIVER



Return completed form to:

**Owl Radio**  
1250 NE Loop 410, Suite 525  
San Antonio, TX 78209-1549

**FOR OFFICE USE ONLY:**

Date Received:  
Radio ID Number:  
Delivery Date:  
Delivered By:

Questions? Call (210) 829-4223

## ORGANIZATION INFORMATION:

DATE: \_\_\_/\_\_\_/\_\_\_ NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## CONTACT INFORMATION:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**DONATION:**  Check here if a donation is enclosed. A donation of \$25.00 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.

## RECIPIENT AGREEMENT:

*We are applying for a special radio receiver from the Low Vision Resource Center.  
We agree to locate the radio in a common area so that it is accessible to our residents.  
We agree to return the radio receiver when we no longer have use for it.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

## CERTIFICATION:

*I certify that we serve residents who are print impaired and that we estimate that approximately \_\_\_\_\_ of our residents will benefit from this service.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

## I HEARD ABOUT OWL RADIO FROM:

\_\_\_\_\_