



TRIANGLE RADIO READING SERVICE

Six Forks Commons  
211 East Six Forks Road, Suite 103  
Raleigh, NC 27609-7743  
(919) 832-5138 voice (919) 833-5220 fax

## Listener Application

*Specially tuned radios are loaned to  
our listners free of charge.*

To be completed by or on behalf of the listener.

Today's Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_, NC Zip Code: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_

County of Residence: \_\_\_\_\_

The following are requested for reporting purposes only:

Year of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex:  M  F

Are you a resident of a nursing home, retirement community, or an assisted living center?

Yes  No (if yes, please list:) \_\_\_\_\_

How did you hear of the Triangle Radio Reading Service? \_\_\_\_\_

Reason for requesting service:  Legally Blind  Partial Vision  Physically Handicapped  
 Print Disability  Other \_\_\_\_\_

Would you like to receive a copy of the program schedule?  Yes  No

If yes, what format for the program schedule?  Print *or*  Braille

I will listen via internet ([trianglereadingservice.org](http://trianglereadingservice.org)). Please send a Program schedule:  Yes  No

“I understand that this receiver remains the property of the Triangle Radio Reading Service.  
If I decide to no longer use the assigned receiver, I agree to return it to the Triangle Radio  
Reading Service for another’s benefit.”

Applicant’s Signature: \_\_\_\_\_

**Though provided free of charge, TRRS must purchase the receivers. Any donation you  
make to help us offset this cost would be tax deductible, and most appreciated.**

Personal Reference:

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

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

City: \_\_\_\_\_, NC Zip Code: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**[For Office Use Only]**

Date application received: \_\_\_\_\_ Date Delivered/Mailed: \_\_\_\_\_

Receiver # \_\_\_\_\_  Cable  SAP Donation Record: \_\_\_\_\_