

**Please fill out completely and print clearly.
Missing or incomplete information may delay the
processing of your request.**

Author(s): _____

Title: _____

Publisher: _____

Year published: _____

This edition only

Will pay fee up to \$ _____

Today's date: _____

*Latest date required: _____

Your library card number: 2 1185

Name: _____

Address: _____

City: _____

Zip: _____

Phone numbers (please indicate area codes): _____

Day: _____

Evening: _____

Pickup location (circle one): Main CH CT DO MP TP

*** The library will try to meet deadlines, but this is not always possible due to reasons beyond our control.**

STAFF USE ONLY

Accepted by: _____ Date: _____ Paid

OCLC il number: _____

Search String: _____

Data requested: _____

ALA request Fax request Other: _____

Date requested: _____

Date received: _____ Lending Library: _____

Due date: _____

Renewal requested: _____ New Due date: _____

Date returned: _____

Charges: _____ Paid: _____

Notes: _____