LIBRARY BOOK REQUEST FORM

Request Date:

Member Information				
First Name	Last Name	Email Address	Library Card #	

Book Details				
Title	Author	ISBN (if available)	Format Preference	
Urgen	cy Level	Do vou agree to be notif	fied of decision via email	
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.	for Domunat (briefly or	plain why you are requestin	a this healt)	

I understand that the library will make every effort to fulfill my book request, but there is no guarantee that the requested book will be added to the collection.

Signature:

Signature Date: