

West Florida Public Libraries

Interlibrary Loan Photocopy/Microfilm Request Form

Periodical, book or microfilm title*: _____

Article Title:* _____

Author: _____

Date: _____ Pages: _____ Vol. No. _____

Notes: _____

If there is any charge for the requested service from the lending library , I agree to pay up to:* _____

*Required

Name: _____	
Street Address: _____	Apt./ Lot# _____
City, State, Zip: _____	
Library Card #: _____	
Home Phone: _____	Cell Phone: _____
Email: _____	How would you prefer us to contact you? Phone <input type="radio"/> Email <input type="radio"/>
Pickup Location: _____	

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Signature: _____ Date: _____

Staff Use Only

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