**INTERLIBRARY LOAN REQUEST FORM**

**West Florida Public Libraries, Escambia County, FL**

**Required entries have \***

**\*** Please indicate which format you prefer. If more than one format is acceptable, number your preference:

Book  Large Print Book  Audiobook  Music CD  DVD  Blu-Ray

**(Request Photocopy/Microform on separate form**)

\* Title:

\*Author:

Copyright Date: ISBN:

Notes:

**Patron Info:**

\* Item Pickup Library Location:

\* Card No.: 12365 \* Name:

\* Please provide the best way to contact you:

Home Phone: Work Phone: Cell Phone:

E-mail:

By signing below, I agree to accept full responsibility for all materials received through Interlibrary Loan.

\* Signature:

**Staff use only**:

**Date Request Received:**  **Branch:**  **Staff Initials:**

ILL Staff: Patron Rec. Creation date \_\_\_ Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Up to 5 requests can be placed within a 30-day period.

For any questions, please contact the Interlibrary Loan Department at (850) 436-5066