INTERLIBRARY LOAN REQUEST FORM
West Florida Public Libraries, Escambia County, FL

* 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 60-day period.
For any questions, please contact the Interlibrary Loan Department at (850) 436-5066

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