

Date: _____

InterLibrary Loan Request
(Please complete top section only)

Member Name: _____ **Library Card #:** _____

Preferred Method of Contact (choose one):

1. Circle One: Home Phone Please verify your contact information
 Cell Phone is correct in our circulation system.
OR Email

2. Enter Phone: _____ **OR** Enter Email: _____

Not Wanted After Date: _____

If we cannot find a copy of the item by this date, we will stop looking.

Material Type (circle one): Book Other: _____
 Book on CD
 Music CD
 DVD

Title: _____

Author: _____
 Last Name First Name

Optional: ISBN, OCLC #, Edition, Notes: _____

Note: There will be a \$3.00 charge for items requested but not picked up.
Initial here to indicate you accept these potential charges. _____

Date Ordered: _____ Transaction #: _____

Date Received: _____ Postage: _____

Lending Library: _____

Date Due ILL: _____ Date Due LTCL: _____

Date Patron Contacted: _____ (home phone, cell phone, email)

Date Book Returned: _____

Date Material Mailed to Lending Library: _____