

# INTERLIBRARY LOAN REQUEST FORM

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Author(s) or Editor(s) \_\_\_\_\_

Article or Chapter Title \_\_\_\_\_

Date \_\_\_\_\_ Vol. \_\_\_\_\_ No. \_\_\_\_\_ Page(s) \_\_\_\_\_

Publisher \_\_\_\_\_

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Fees are determined by the lending library. Please enter the maximum amount you are willing to pay \$ \_\_\_\_\_.

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## PATRON REQUEST INFORMATION

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Patron I.D. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Library Location \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return or fax this form to the Moomau-Grant County Public Library at (304) 257-4122