HUSSEY-MAYFIELD MEMORIAL PUBLIC LIBRARY

PROCEDURE

INTERLIBRARY LOAN REQUEST FORM

Your Library Card Number: *23946*_____**Today's Date**_____

Name_____

Address _____

City_____ **State** ____ **Zip** _____

Preferred method of contacting you:

E-mail _____ **Phone**_____

Article or BookTitle_____

Author(s) _____

Edition *(if known)* _____ **Volume** _____

Subject *(if title not known)* _____ _____

Publisher_____ **Publication Date**_____

Date Needed By_____

What is the maximum charge you are willing to pay, if any? If you choose to pay no charges and the item is not available for free, the item will not be requested. $_____

THIS AREA FOR LIBRARY USE ONLY

1). Fines/fees meet threshold? **Y N**

2). All overdue materials returned? **Y N**

3). Checked for item in Evergreen? **Y N**

4). Checked acquisitions system to see if on order? **Y N**

Date Requested _____

ILL #_____

ILL Arrival Date_____

ILL Due Date_____