



Lucius E. & Elsie C. Burch, Jr. Library Interlibrary Loan Request

Date _____

Please Print

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Library Card No. _____

Phone (required) _____

Email _____

Address _____

City _____ State _____

Zip _____

BOOK

Title _____

Author(s) _____

Edition _____

Publisher _____ City of Publ. _____

Year Publ. _____

Vol. & Page _____ Series (if any) _____

ISBN/ISSN _____

Date needed by _____

PERIODICAL (PHOTOCOPIES)

Periodical Title - _____

ISSN (if known) _____

Volume _____ Issue No. _____

Date _____ Page(s) _____

Title of Article/Author _____

Date needed by _____

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BY SIGNING THIS FORM I AFFIRM THAT I HAVE READ THE ABOVE AND ALSO THAT I UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING:

- to expect a 2 to 6 week average wait, depending upon the item's availability at the supplying library.
- to pick up/return all loans on time to Collierville Burch Library Circulation Desk.
- to pay any cost levied by the supplying library for loss/damage and/or for late fees.
- to realize that I cannot cancel my request once a lending library has been contacted, and that all loans will involve service costs of **\$2.00 per item**.
- to request renewals at least one week before the due date.
- to acknowledge that I may have no more than four (4) interlibrary loan requests on-going at any one time.
- overdue fines will be \$1.00 per day per item.

CUSTOMER SIGNATURE _____ (if you are 17 or younger, you need a parent or guardian's signature)

Date Ordered _____

Request # _____

Date Received & Staff Initials: _____

Lending Library _____

Date Due _____

Date Returned _____