



REQUEST FORM

Today's date: _____

Patron

Full name: _____

Library card number: _____

Contact and Mailing

E-mail address: _____

Phone number: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

(If this information is different from the information listed on your library account, please verify your account at the Library)

Zip Books Request

Item type (select one): **BOOK** **LARGE PRINT BOOK** **AUDIOBOOK**

Title: _____

Author: _____

Year published: _____

Note/Comment: _____

_____ By submitting this request, I agree to share my contact information including my name and mailing address with the third-party vendor(s) supplying the Zip Books. I acknowledge that all information contained is correct to the best of my knowledge, and that I have read and understood the Zip Books requirements.

