

Crowell Public Library, City of San Marino Inter-Library Loan Request Form

Print out this form and take to library or fax it to 626 300-0121

Author _____ <i>(Last name first)</i>	Date _____	Staff _____
Full Title _____	Where Did You Hear Of Item? _____	
Publisher _____	Last Date Patron Can Use _____	
Vol. or Edition _____	Copyright Date _____	Adult () Children's () Per () Cass () Other (Play, Short Story, Score, Etc.) ()
ISBN Number _____	Verified In _____	
Patron Library Card Number _____	Special Notes _____	
Patron Name _____	ILL # _____	
Address _____	Res. If In Circ. Yes No	
City _____	Rec'd From _____	
Zip _____		
Phone: Home _____	Date Rec'd. _____	Date Ret'd. _____
Work _____	Not Available _____	
