

# Request For Library Materials (Print & Mail)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please check desired format:***

Standard Print (SP)       Large Print (LP)       Either SP or LP

Books on Tape       VHS Video       DVD Video

<b>AUTHOR</b>	<b>TITLE</b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

**I would like information about:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Comments:

---

---

---

**You may clip the following address and mail your request to:**

**W C C L S  
Library Outreach Services  
111 NE Lincoln St. MS 58A  
Hillsboro, OR 97124-3036**