

Library Resource Request Form

Your name:

Address:

Phone number: _____

Suggested Material Information

Title:

Author:

Publisher:

Format:

- Book
- Video
- Magazine / Periodical
- Audio
- Other

Why do you think this material would be a good addition to our library?

Please drop this form into the "Suggestions Box" on the circulation desk and we will let you know what we decide. Thank you!