



INTERLIBRARY LOAN REQUEST FORM
Arlington Public Library

DATE: _____

Title: _____ Author: _____

OCLC# / ISBN#: _____ Edition (if specific edition requested) _____

Format Needed:

- BOOK *eContent Not Available
- LARGE PRINT
- AUDIOBOOK
- DVD
- MUSIC CD

PHOTOCOPY
 Title of magazine/periodical _____
 Volume/Issue # _____ Page #'s to be copied _____
 Output Format Physical Paper E-mail/PDF
 Willing to pay additional fee? Y/N

MICROFILM (FOR USE AT DOWNTOWN LIBRARY ONLY)
 TITLE: _____
 COUNTY: _____ STATE: _____ DATES: _____
 Willing to pay additional fee? Y/N

I will pick this material up at:

- DOWNTOWN LIBRARY/100 S. CENTER ST.
- LAKE ARLINGTON BRANCH / W GREEN OAKS BLVD
- SOUTHEAST BRANCH / GREEN OAKS BLVD SE
- WOODLAND WEST BRANCH / PARK ROW DRIVE
- EAST BRANCH / NEW YORK AVENUE
- NORTHEAST BRANCH / BROWN BLVD
- SOUTHWEST BRANCH / SW GREEN OAKS BLVD
- IN-HOUSE USE (MICROFILM)
Downtown Library/100 S. CENTER ST.

PATRON NAME: _____

LIBRARY CARD #: 8820 - _____ TELEPHONE: _____

EMAIL: _____

****Average Wait Time 3 – 6 Weeks****

For Library Use Only

Date of Payment: _____ Payment Accepted by: _____

Patron Phone and/or Email Verified: _____ Staff Location: _____