

IGNACIO COMMUNITY LIBRARY INTERLIBRARY LOAN REQUEST

*We cannot guarantee your request will be filled, but we will check all participating libraries in the State of Colorado.

*Patrons are limited to 2 ILL requests. *Information must be fully filled out or request may be denied.

*Request Date: _____ *Library Card
Number _____

*Your Name _____

*Phone # _____

Format: Book Large Print Book DVD Audio Book Journal
Other _____

1. Title: _____

Author: _____ Series
Title/Number _____

Format: Book Large Print Book DVD Audio Book Journal
Other _____

2. Title: _____

Author: _____ Series
Title/Number _____

Staff Initials _____

PLEASE: RETURN FORM TO AN ICL STAFF MEMBER