

## Library Resource Request Form

Your name:

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Address:

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Phone number:

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### *Suggested Material Information*

Title:

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Author:

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Publisher:

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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!*