

El Centro Public Library Zip Book Request Form

Today's Date: _____

Title: _____

Author: _____

Format (check one):

Book

Audiobook

Large Print

Patron Name: _____

Library Card Number: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Phone Number:

home _____

cell _____

STAFF USE ONLY

Item Total Price: _____

Invoice No: _____

Category: _____

Fiction

Non-Fiction

Bestseller:

Yes

No

Age Level of Item:

Adult

Young
Adult

Children

Item Language:

English

Spanish

Other _____

Date Ordered: _____

Staff Initials: _____

Total time to process / order Zip Book: _____

Date Item was returned: _____

Staff Initials: _____

Item was:

Added to Collection

Donated to the Friends' Bookstore

Note: _____