

ZIP BOOK REQUEST FORM

Date: _____

Patron Name: _____

Library Card Number: _____

E-mail Address: _____

Phone Number: _____

Mailing Address: _____

(Verify)

ZIP BOOK INFORMATION

Item Type (circle one): Book Large Print Audiobook

Title: _____

Author: _____

Year published: _____

Price: _____ ISBN: _____

_____ By submitting this request, I agree to share my contact information including my name and mailing address with the third-party vendor(s) supplying the Zip Books. I acknowledge that all information contained is correct to the best of my knowledge, and that I have read and understood the Zip Books requirements.

