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Phone: 248-557-7776
Toll Free: 888-766-1166
Fax: 248-557-5382

LIBRARY REQUEST

Title _____ Date submitted _____

Will this be used as a textbook? Yes _____ No _____

ISBN number _____ Grade Level/Color (if applies) _____

Author_____ Copyright Date_____

Publisher_____

MAILING ADDRESS:	BILL TO: (If different than mailing)
Organization/school name (if applicable):	Organization/school:
Name	Name
Street Address	Street Address
City	City
State/Zip	State/Zip
Telephone Number	Telephone Number

Applicant's Disability:

_____Blind or visually impaired _____ Learning disabled

_____ Physically challenged/other. Please explain: _____

Please choose **one**:

_____I will **borrow** the recording for a three (3) month period at the cost of $5/per book.

_____I will **purchase the recording** at a cost of $5 per tape/ CD

(Note: a maximum cost of $50/per educational and $30/per "other" book applies)

Note: Recording Fee's do not apply to those works already retained in the RFTB library.

Will Braille labels be required on the recordings? Yes _____ No _____

If more than one copy of the recording is required, note number of copies needed: _____

OFFICE USE ONLY: ***# sent:*** **_____ ☐ tapes ☐ CDs. Date mailed on _____ initials_____**

☐ Order complete

Borrow: # of Masters _____ times # copies requested _____ = _____ Borrowed tapes/CDs $____ to be billed.

Purchase: # of Masters _____ times # copies requested _____ = _____ times $5 = _____ to be billed.

Exchange: Tapes/CDs received: _____

Date client billed _____ invoice amount $_____ Date client re-billed _____

Date payment received_____ amount rec'd_____

Date borrowed recordings returned by client_____ initials_____

End of three month borrow period letter sent _____

Client billed for borrowed recordings not returned _____ Date payment rec'd _____