

TEXAS STATE LIBRARY
LOCAL RECORDS DIVISION
P.O. BOX 12927
AUSTIN, TEXAS 78711

INTERDEPOSITORY
MICROFILM
LOAN REQUEST

PATRON INFORMATION

NAME AND ADDRESS:	DATE OF REQUEST:	DATE NEEDED:
	TELEPHONE NUMBER	DRIVER'S LICENSE OR I.D. #

MICROFILM REQUESTED
(Limit of five reels per patron)

COUNTY	REEL NUMBER	DESCRIPTION
1.		
2.		
3.		
4.		
5.		

REQUESTING INSTITUTION

SHIP TO:	DATE REQUEST MAILED:	DATE FILM RECEIVED:
	DATE PATRON NOTIFIED:	DATE FILM RETURNED:

SIGNATURE OF ARCHIVIST OR LIBRARIAN:

LENDING INSTITUTION

DATE FILM SENT:	We regret that we cannot fill your request for items _____ within 14 days because: ___ Material in use; will be available after _____ ___ Material not available because _____
DATE FILM DUE BACK:	
DATE FILM RECEIVED:	