

Easton Area Public Library Photocopy Request Form

Submit by:

1. Type the required information in the boxes below.

Double check the dates and pages. The library will not research incorrect citations.

2. Print the completed form.

3. Enclose a self- addressed, stamped envelope . (Requests over five pages require additional postage. UP to five pages = one 50¢ stamp ; Six toTen pages = two 50¢ stamps.)

4. Make check or money order payable to Easton Area Public Library. Payment is equal to number of articles X \$5.00.

5. **Send to : Marx Room, Easton Area Public Library, 515 Church Street, Easton PA 18042-3587.**

6. Please allow 2 - 4 weeks for processing.

Note that we are unable to process any request via email, fax or telephone.

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	DATE	<input type="text"/>	PAGE #	<input type="text"/>

Total number of articles requested X \$5.00

Total Amount Enclosed

Name

Address

City State Zip Code