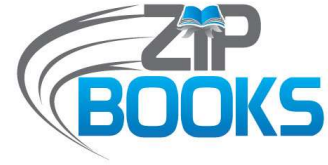




San Benito County Free Library

Zip Books Request Form



*Title: _____ Copyright Date: _____

*Author(s): _____ ISBN#: _____

*Select Format:

Book: Regular Print Book: Large Print Audiobook

You will not be allowed to request another Zip Book until this one is returned. Customers are **limited to 5 Zip Book requests per month and requests must be less than \$50 per item before tax.** Customers may not place requests for materials already owned by the library. Customers with more than \$5.00 in fines may not place requests for Zip Books.

*Customer Name: _____ *Date: _____

*Customer Library Card Number: _____

*Phone: _____ Email Address: _____

*Mailing Address: _____

*Select how to send a Book (Audio book)

Send by Mail Pick up at the Library

***Required**