

Date Received:
Date Ordered:
Date Delivered:
Date Invoiced:
Internal Use Only

Once form is complete, please email this form to zipbooks@buenaparklibrary.org.

Name:				
Library	Card Number:	Email:		
Phone	Number:			
Street	Address:	City:		
County	v: Orange State: CA Zip:	·		
Special	Delivery Instructions:			
Title:			_	
Author	:		_	
Publica	ation Date:	ISBN:	_	
Format	t: Regular Print	Large PrintAudiobook on CD		
Price: _	-			
If not a	ıble to be filled by Amazon, I requ	est this to try to be filled by the regular patron request pro	cess.	
Ye:	s No			
Zip Boo	oks Request Terms and Conditions	5		
I under	rstand that:			
1)	1) I can submit a request for 1 item per calendar month and can only request another item when the previous item has been returned in good condition.			
2)	, , , , , , , , , , , , , , , , , , , ,			
3)	 I will return the item directly to a Buena Park Library staff member with its original packaging and Amazon packing slip. 			
4)		price of the item if it is not returned or returned damaged.		
Signatı	ıre:	Date:		



