

Patron Purchase Request

Bell Memorial Public Library

Request Date: \_\_\_\_\_

Patron name: \_\_\_\_\_ BMPL Card #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Material type: \_\_\_ book \_\_\_ DVD \_\_\_ Audio Book \_\_\_ E-book \_\_\_ Other (specify below)

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

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