



REQUESTOR NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DAY PHONE:

EVENING PHONE:

E-MAIL ADDRESS:

	Aberdeen
	Amanda Park
	Centralia
	Chehalis
	Elma
	Hoquiam
	Hoodsport

	Ilwaco
	Lacey
	McCleary
	Montesano
	Mt. View
	Naselle
	North Mason

	Oakville
	Olympia
	Ocean Park
	Packwood
	Raymond
	Salkum
	Service Center

	South Bend
	Shelton
	Tenino
	Tumwater
	Westport
	Winlock
	Yelm

[illegible]

Requestor's Signature: _____

Date: _____

Return completed form to:

Timberland Regional Library
Administrative Services
415 Tumwater Blvd. SW
Tumwater, WA 98501

FOR TRL USE ONLY:

Date/Time Received:

Received by: