

REEVES MEMORIAL LIBRARY—BOOK REQUEST

ISBN \_\_\_\_\_ Author \_\_\_\_\_  
TITLE \_\_\_\_\_  
Publisher \_\_\_\_\_ Price \_\_\_\_\_  
Notes \_\_\_\_\_  
Requested by \_\_\_\_\_ Box No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Division Chair Initials \_\_\_\_\_ Subj/Fund to be charged \_\_\_\_\_  
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