



Lending Library Request Form



First and Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Organization Name: _____

Request Purpose: _____

Books / Movie Requested: _____

Start Date: _____

End Date: _____

Terms of Use

By submitting this form, I agree to the terms of use for requesting resources from the Lorain County Solid Waste Management District. As a Lending Library user I understand that borrowed materials should be carefully handled and returned on time. I acknowledge that I may be held responsible for any lost or damaged equipment.

Signature: _____ Date: _____