

## Library Resource Check Out Form

Date:



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Requested Items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*All Library resources may be borrowed for three weeks, please contact the MCA of Akron if you will need it for a longer period of time. Please fill out this form and fax it to 330-237-1881 or email [jenna@mca-akron.com](mailto:jenna@mca-akron.com).*