



resource lending library

REQUEST FORM AND BORROWER'S AGREEMENT

YOUR RESOURCE REQUEST

Your name _____

Organization _____

Mailing address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Title of the resource you want to borrow. Please list each title separately and refer to either the MCADSV Video Lending Library Catalog or Resource Library Catalog when making your request. Sorry, only two items per order.

1. _____

2. _____

Absolute latest **date by which you need to receive your order** _____

Please rush this order. I've enclosed a \$25 check for expedited shipping costs.

PROCEDURES, TERMS AND CONDITIONS

- 1 You must be a **member of MCADSV** to borrow resources. There is no charge to borrow resources. If you are uncertain about your membership status, please call (888) 666-1911 before making your request.
- 2 Please **complete this request form** in its entirety. Each request will be processed on a first-come, first-served basis. If the resource(s) you request is not available, MCADSV will contact you.
- 3 If the resource(s) borrowed is lost, stolen, or damaged, you will be responsible for the necessary replacement.
- 4 Your request will be quickly processed and shipped to you. **Generally, you will receive your order within three days** after it is processed by MCADSV. Plan ahead; shipping might take up to seven days in some circumstances. If you require **overnight shipping** with your order, please include a separate, non-refundable check of \$20 for expedited shipping costs.
- 5 You may **borrow the material(s) for up to two weeks** once you receive it. You may not copy or duplicate any material(s) you borrow from MCADSV. Unauthorized **copying of publications can be a violation of federal law** and will result in the termination of your MCADSV Resource Lending Library borrowing privileges.
- 6 After viewing the resource(s), please **use the addressed return mailer** that will be included with your order. Don't forget to also return any guides or printed materials if they are included with a video.

YOUR SIGNATURE

I agree to abide by these MCADSV Resource Lending Library procedures, terms and conditions.

Signature _____

Date _____

MAIL REQUEST TO

Missouri Coalition Against Domestic and Sexual Violence
217 Oscar Drive, Suite A
Jefferson City, MO 65101

For more information, contact MCADSV at (888) 666-1911 or mocadsv@mocadsv.org.

FOR MCADSV OFFICE USE ONLY

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Membership status

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Date request received

.....

Catalog code

.....

Date request shipped

.....

USPS FedEx

Accompanying materials?

Yes No

Processed by _____

.....

Date due (ship + 21)

.....

Date returned

.....

Accompanying materials, if applicable?

Yes No

.....

Overdue call date (+21)

.....

Overdue letter date (+28)

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