

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.

