

**ELLISON DIE LETTERING MACHINE**

**COUNTY LIBRARY REQUEST FORM**

**REQUESTING COUNTY** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**DATE OF REQUEST** \_\_\_\_\_

**DATE NEEDED BY** \_\_\_\_\_

**DIE NAME** \_\_\_\_\_ **HOW MANY** \_\_\_\_\_ **COLOR PAPER** \_\_\_\_\_

**DIE NAME** \_\_\_\_\_ **HOW MANY** \_\_\_\_\_ **COLOR PAPER** \_\_\_\_\_

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**DIE NAME** \_\_\_\_\_ **HOW MANY** \_\_\_\_\_ **COLOR PAPER** \_\_\_\_\_

**If possible, please furnish paper to fill your order. Paper furnished by ESRL will either need to be replaced or there may be a charge assessed.**

**Please allow 10-14 days for processing request.**

**ORDER FILLED BY:** \_\_\_\_\_

**Revised: 11/29/05**