



## Taylor Public Library

801 Vance Street  
Taylor, TX 76574  
512-352-3434

### REQUEST FOR ACCESS TO COLLECTIONS

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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

Institution & Title: \_\_\_\_\_

Materials Requested: \_\_\_\_\_

Subject/Purpose of Research: \_\_\_\_\_

***I have read the Rules for Use of Local History and Archives Collection Materials & agree to abide by the rules set forth.***

Patron Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Special Appointment to Access Locked Collections

Date & Time Requested: \_\_\_\_\_

Approved by the Library Director: ☐ yes ☐ no Notes: \_\_\_\_\_

*Appointment times & dates depend on the Library's schedule, staffing and other factors.*

*For internal use only:* Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time: \_\_\_\_\_

Books Used: \_\_\_\_\_

Files Used: \_\_\_\_\_

Microfilm Used: \_\_\_\_\_ # Copies Made: \_\_\_\_\_

Other: \_\_\_\_\_