



Multimedia Request Form

PAHKISIMON NUYE,ÁH LIBRARY SYSTEM

Bag service 6600
La Ronge, SK
S0J 1L0

Phone: **306-425-4525**
Fax: **306-425-4572**
E-Mail: pnlsoffice@pnls.lib.sk.ca
Web: pahkison.ca

Date: _____

Name: _____ barcode: _____

School/Library _____

Address: (Box #) _____

Town & Postal Code: _____

Call #: _____ (DVD, CD, Cassette, Video)

Title: _____

Required date: _____ Alternate date: _____
day/month/year day/month/year

Substitute: Yes / No

Substitute Title: _____ Call #: _____



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