



HCBC LIBRARY BOOK REQUEST FORM

Title	Author

HCBC Library Books have a 4 week lending period.

Name: _____ HCBC #: _____

Mailing Address for Books:

Phone: _____ Email: _____

I, _____ authorize HCBC to charge the credit card below
(Name of Cardholder)

the suggested retail price on the borrowed book (s) if they are not received back at the HCBC Office by the due date.

Credit Card Info:

Card Type: Visa Mastercard

Card # _____ Exp. Date: _____

Any questions or concerns, please contact reception@hcbc.ca. You can also reach the office for help at 604-856-4304 or Toll free 1-800-345-8055.