Resident Name	Choice# 1 2 3 4 5	SBR Library Boundary (Last name only)	Title Title	Resident Email
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Please circle the total number of books you would like, if available. 2 3 (maximum)

Notes: Please indicate multiple choices in case we do not have your first choice(s) on the shelves. You may only check out one book from an author/series at a time.

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