

**Illinois Library Delivery Service
Delivery Location Request Form**

CARLI member institutions that want more than one ILDS delivery location must complete this form and return it to CARLI by mail, fax or email attachment.

Mail: CARLI, Attention Diane Day
616 E. Green St., Suite 213
Champaign, IL 61820-5752

Fax: Attention Diane Day
217-265-0454

Email: support@carli.illinois.edu
(Please put "ILDS" in the subject line)

Each CARLI Governing and Associate member institution may receive ILDS delivery service at one location at no direct cost to the institution. Libraries that wish to have delivery at more than one location may add locations at a cost to the institution of \$3250 per year, per location.

Institution Name: _____

One delivery location will be provided to you at no cost. Specify that location here, if it differs from your current primary delivery location:

Library Name _____
Address _____
Address _____
City _____
Zip _____

ILDS Contact Person for this Location, if it differs from the person currently listed

Name _____
Email _____
Phone _____

Additional locations may be added at \$3250 per location per year. Please sign below to agree to this fee and provide the additional location information on the next page.

Cost Summary

- a. First location provided at no cost \$0
- b. Indicate the number of additional delivery locations being requested: _____
- c. Calculate your total annual cost (multiply line b by \$3250): _____

By signing here, I certify that I am authorized to commit the institution named above to this expenditure.

Name (print) _____

Signature _____

Title _____

Specify all additional locations on the next page. Attach additional pages as needed.

Institution Name: _____

Additional Delivery Location

Library Name _____

Address _____

Address _____

City _____

Zip _____

ILDS Contact Person for this Location

Name _____

Email _____

Phone _____

Library Name _____

Address _____

Address _____

City _____

Zip _____

ILDS Contact Person for this Location

Name _____

Email _____

Phone _____