

Iowa Downtown Resource Center
Reservation Form

Organization Name _____

Contact Person _____

Street Address _____

City, State, Zip _____

Phone #: _____

Fax # _____

Email _____

List the title and type (i.e. book, videocassette, slides, etc.) of the resource(s) you would like to checkout:

Title: _____ Type: _____

Title: _____ Type: _____

Date you would like to receive these materials: _____

Materials will be sent regular mail unless you specify another method. See Below.:

Fed Ex: UPS: Airborne:

If using one of the delivery services above, please enter your account #: _____

Pickup Other: _____

A minimum deposit of \$50.00 - covers the rental of up to two items for 30 days. Your deposit check will be mailed to the contact person listed on this form once all of the materials have been returned to our office.

Please make your check payable to:

Iowa Downtown Resource Center
Attn: Susan Matthews
200 East Grand Avenue
Des Moines, Iowa 50309
Phone: 515.725.3059
Fax: 515.725.3010
Email: Susan.Matthews@iowa.gov

For Office Use Only

Date Items Out: _____

Date Items Returned: _____

Date Deposit Returned: _____

Received By: _____