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Call Number:								
Title:								
Location: (Check all that apply) Book Microfilm General Collection General Collection Folio FolioQ 	 Manuscript Collection Manuscript Microfilm Map MapQ 		□ MapF □ Pamphlet □ PamphletQ □ PamphletF		□ Visual Collection □ Other:			
Patron Name:	<u></u>		(=1					
(Last)			(First) (Initial) Staff Use Only					
Description of material requested: e.g. volume/box/folder/dates		lssued by	Returned to	Mark	Photocopy	Hold until		

I agree to follow the procedures outlined in the Library Use Policy.

Signature: _____ Date: _____

William H. Smith Memorial Library, Indiana Historical Society, 450 West Ohio Street, Indianapolis, Indiana 46202



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