

# Reservation Request

## Fax Form

**From :**

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**To : Thessaloniki International Library  
City College  
24 Proxenou Koromila Street  
546 22 Greece**

**Subject : Reservation request**

**Date :** \_\_\_\_\_

I would like to request the following items to be reserved until (date)

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### **Requested Item Information:**

Title:

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Author(s):

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Classification code: \_\_\_\_\_

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Title:

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Author(s):

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Classification code:

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Title:

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Author(s):

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Classification code:

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Please fax your request to: 2310 269095