

Copying/Faxing/Scanning Form

Contact Information

Date _____

Name _____

Phone # _____

A staff member will contact you to schedule a pickup and discuss payment options, if applicable.

Copying Up to \$2 free. +\$2 is \$.10 per black & white page, or \$.30 per color page.
Total cost applies (eg. 21 black & white pages = \$2.10)

Number of original pages _____ Number of copies needed _____

My pages to be copied are (circle one): Single-sided Double-sided (charge per side)

My documents should be copied in (circle one): Black & white Color

Additional Notes: _____

Library staff cannot alter original documents. If staff have questions or concerns, we will follow up with you directly.

Faxing \$1 per page for first 5 pages, \$0.25 for any additional pages

To: _____ From: _____

Attn: _____ Phone #: _____

Fax #: _____ Email: _____

of Pages: _____ Date: _____

Additional Notes: _____

Scanning No cost

Number of pages to be scanned _____

My pages to be scanned are (circle one): Single-sided Double-sided

My pages should be scanned (circle one): Into one document Individually

Email to send scanned pages to: _____

Additional Notes: _____

Internal Use Only

Payment received Copied/faxed/scanned Patron notified _____ Curbside scheduled