

# *Kansas Library Express*

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## Interlibrary Courier Service 2024 Participant Directory Form

### **Library information:** (Please print)

Library Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (With Area Code): \_\_\_\_\_

Library Hours: Mon \_\_\_\_\_; Tues \_\_\_\_\_; Wed \_\_\_\_\_;

Thurs \_\_\_\_\_; Fri \_\_\_\_\_

### **Billing contact information:**

Contact Name: \_\_\_\_\_

Billing address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

### **Library Staff email address:**

Name(s): \_\_\_\_\_

Phone (With Area Code): \_\_\_\_\_

Staff email: \_\_\_\_\_

(Include all names and email addresses for staff who should receive courier-related messages and reminders.)