



Information / Subject Request Form

Applicants Details		Branch:	
Library Card No	X		
Family Name		Given Name	
I prefer to be contacted by (please select and complete)			
<input type="checkbox"/> Email		<input type="checkbox"/> Fax	
<input type="checkbox"/> Telephone (day)		<input type="checkbox"/> Telephone (evening)	

Your Request (please be specific)

Sources/institutions already consulted e.g. Catalogue, Internet

This request is for	
<input type="checkbox"/> Family History	<input type="checkbox"/> Personal Interest
<input type="checkbox"/> Homework	<input type="checkbox"/> University Assignment
<input type="checkbox"/> Other	

Please Note

- 1 Application is to be lodged at the below Library and address.
- 2 The personal information required on this form may be available for public access under various legislation.

Signature	Date ____ / ____ / ____
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Rockdale City Library
 448 Princes Highway (PO Box 21) Rockdale NSW 2216
 Tel 02 9562 1821 Fax 02 9562 1822
 Email enquiry@rockdale.nsw.gov.au
 www.rockdale.nsw.gov.au
 ABN 66 139 730 052
 Monday to Friday 9am - 8pm
 Saturday 9am - 5pm