

**Request for a copy by a library user**  
**Declaration under section 49 of the Copyright Act 1968**

Please return to:

**The Ronald Lowe Library**  
**The Royal Victorian Eye & Ear Hospital**  
**Locked Bag 8, East Melbourne, Victoria, 8002**

TEL +61 3 9929 8710

FAX +61 3 9639 1808

Please supply me with the following pages:



Fill in details marked

★ B  
O  
O  
K {

Author:.....

Title: .....

Publisher: .....

Edition:..... Date published: ..... Pages: .....

**OR**

★ J  
O  
U  
R  
N  
A  
L {

Source:.....

Author:.....

Title of article: .....

Year: ..... Volume:..... Issue: ..... Pages: .....

★ Method of delivery:       Post       Fax: .....

I declare that the copy is for the purpose of research or study and will not be used for any other purposes and has not previously been supplied to me by an authorised officer of your Library.

★ Name: .....

Address:.....

Signed: ..... Date: .....

Declaration by the Librarian (when a copy is more than a reasonable portion of the work)

I declare that having made a reasonable investigation on .....200 ....  
I am satisfied that a copy (not being a second-hand copy) cannot be obtained within a reasonable time at an ordinary commercial price.

Signed: ..... Position:.....