Form P: Poor Condition Books Only

East Ramapo Central School District – Office of Funded Programs

Return of Books in Poor Condition Only

Name of School Returning Books: _____

Contact Person's Name and Title: _____

Telephone Number(s): _____ E-mail Address: _____

Use a separate sheet for each box. Only include on the table below information regarding books contained in the box to which this form will be adhered. Photocopy this page before taping it to the box. Use clear packing tape only.

Reminder for when boxing books in **poor** condition:
Group books of the same title together in the box. Then continue with the next title – up to eight titles per box.

Books in Poor Condition Only				
Book Title	**Publisher**	**Pub. Year**	**ISBN**	**Quantity**