Customer Comment & Suggestions

Thank you for using our library. We welcome your ideas and opinions. Please write down your suggestions and place this form in the suggestion box.

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Library Branch:	Date:
OPTIONAL Name:	
Phone:	

Would you like us to contact you? YES NO

Library Branch: _____ Date: ____

OPTIONAL

Would you like us to contact you? YES NO

OPTIONAL

Library Branch: _____ Date: _____

Would you like us to contact you? YES NO





