

## Comment Form

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 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Would you like us to contact you? YES \_\_\_\_\_ NO \_\_\_\_\_

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