



# LIBRARY SERVICES COMMENT FORM

Date: \_\_\_\_\_  
 Name:\* \_\_\_\_\_  
 Street:\* \_\_\_\_\_  
 City, State, Zip:\* \_\_\_\_\_  
 Email: \* \_\_\_\_\_

*\*Required if you wish to receive a response to your comment.*

## COMMENT:

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## REQUESTED OR SUGGESTED ACTION

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*Thank you for your feedback! Please return the completed form to a staff member at any service desk.*

Received \_\_/\_\_/\_\_ Response \_\_/\_\_/\_\_

Comment Form



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Comment Form