



LIBRARY COMMENT FORM

() COMMENDATION () OBSERVATION () RECOMMENDATION () COMPLAINT

Please use this form to assist staff in the operation of the
FAIRBANKS NORTH STAR BOROUGH PUBLIC LIBRARIES.

1. Please choose location: () Noel Wien Library () North Pole Branch Library

2. Please indicate your topic:

- () LIBRARY POLICIES
- () LIBRARY STAFF
- () LIBRARY FACILITIES
- () LIBRARY PROGRAMS OR SERVICES
- () ADA ACCOMMODATION REQUEST
- () OTHER – PLEASE DETAIL: _____

3. Please make your comments as specific as possible. Use other side if needed.

4. Your recommendation _____

Complete contact information is necessary in order to receive a response. If you wish, you may schedule an appointment with a librarian or the Director to discuss your comments.

5. NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____ PHONE _____

EMAIL ADDRESS _____

SIGNATURE

DATE

Accepted by _____ Date _____ Received by mail ____ Date _____

Referred to _____ Date _____ Reply date _____

Disclosure: Comment Forms may be made available to the public under the Alaska Public Records Act, AS 40.25.100-40.25.295