

**CRAWFORD COUNTY LIBRARY  
Policy Manual**

**Policy No. 409.1**

**Subject: Citizen Request Form**

**DATE:**

**Please explain your suggestion or complaint on this form and sign. The Library Director or Staff will respond to this form. If not satisfied with their response, you can resubmit the form with the staff comments to the Crawford County Library Board of Trustees for action at their next regular meeting.**

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Please sign. Without a signature, this form will not be acted upon.**

**ADOPTED:** May 22, 2001

**REVIEWED:** May 8, 2003, May 8, 2008