WATERTOWN PUBLIC
LIBRARY

Watertown Public Library Patron Comment Form

Name: _____

Address: _____

Phone/Email: _____

Date: _____

Your Comment:

_____

_____

_____

_____

_____(use back if necessary)

Department: (Circulation) (Reference/Technology) (Youth Services)

Signature: _____

Date: _____

Reviewed by: _____ Date: _____

Action Taken: _____