



TELL US WHAT YOU THINK

Please take a few minutes to tell us about your experience.

What is your feedback about?

Library Service

Library Program or Event

Library Branch: _____

Name of Service or Program: _____

Check here if you would like the library to respond to your comment.

Name: _____

Library Card Number: _____

Phone: _____

Email: _____

Comments: _____

THANK YOU!



ANNE ARUNDEL COUNTY
PUBLIC LIBRARY
aacpl.net